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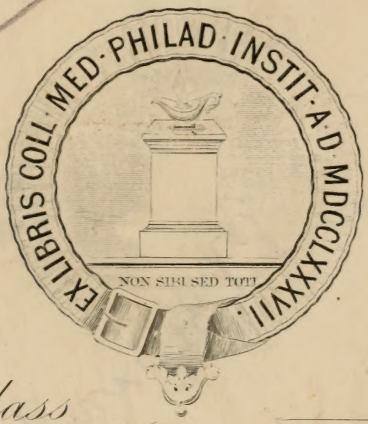

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E. P. Davis, M.D.

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A MONTHLY JOURNAL

OF

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VOL. VI.

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DOWN ON QUACKS, IN OR OUT OF THE RANKS.

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For Daniel's Texas Medical Journal.

THE LIMITATIONS OF THE HEALING ART.

Odds and Ends of Medical Reading and Observation.

BY D. R. WALLACE, M. D., LL. D., SUPERINTENDENT STATE LUNATIC ASYLUM, TERRELL, TEXAS.

[Read before the Terrell Medical Society July 8, 1890.]

IN AN old book, written by one born sixty-five years before the era of grace, familiar to my school years—a book over which many a school boy has sweated, and of which men know too little, may be found these words of advice to writers:

**Sumite materiam uestris, qui scribitis æquam*
Viribus et versate dia quid ferre recusent
Quid valent hameri."

Words that might be made to do service at the head of this paper in place of those selected; and at the same time furnish a most instructive and excellent motto to members of the healing art. Literally translated they read—"Oh ye who write, select subject matter suited to your ability, and revolve long what your powers may decline and to what prove equal." A more liberal translation, one making it applicable to the Doctor rather than the scribbler might read,—"Oh ye who practice the healing art would you do straight work and an honest job, would you render a *quid pro quo*, give your clients the worth of their money"; and would you sink into a quiet, peaceable slumber at the end of your day's work, untroubled by qualms of conscience and uneasy forebodings as to how your patients will be on to-morrow, select your cases with care, and revolve long which ones you can safely tackle with your pills, powders and potions, and which, it were better for the patients, as well as your own peace of mind and reputation to leave to the *vis medicatrix naturæ*, diet, nursing and hygienic surroundings; otherwise, it is to be feared that your practice will be what Voltaire says the medical practice was in his time, viz: "the pouring of medicines, of which the Doctor knows little, into stomachs of which he knows less, for diseases about which he knows nothing."

Man and brother, did you never ride slowly homeward from the house of mourning, with a heavy heart, communing with your inner self, clashing fact, against fact by the light of which, questions such as these, in spite of yourself, would take shape in your mind;—ought not this patient to have gotten well? Why did he die? Did my treatment have nothing to do with it—am I sure? Did I give nothing for which there was not clear unmistakable indication? Did I avail myself of all the resources of the healing art, nor go beyond them? Have I the natural aptitude for this high calling, involving the issue of life and death?

---

*38, 39 and 40. 2 Horatii Flacci Ars Poetica.

Have I the intellectual training and discipline needed to understand the complicated problems of disease? Have I availed myself of all the information within reach? You never have? Then you are more or less than a man.

I knew a man, knew him well, who during the first years of his professional life—I suspect he has long since become hardened—was so set about and sorely pressed by such questionings that though fortified by three diplomas, all bearing on their face *pre-man gradum*, one academic or scholastic, the other two medical, he would have gladly escaped out of their reach, if he had had any place to escape to, where he could have earned his bread by the most servile labor, and eaten it in that obscurity he often felt was his place by nature.

I knew another, one of nature's noblemen and one of the most accomplished medical men of his age I ever knew, who after having spent years in preliminary and professional studies, abandoned the profession in less than three months after he had entered actively upon it; nor could any remonstrance or persuasion on the part of his friends induce him to resume it. His answer was—I am unequal to its responsibilities.

I have known another man, perhaps I have known more than one, who with the preliminary education of a hod-carrier, and with the densest ignorance of medicine, would affect to look down with a lordly contempt upon unassuming men who had forgotten more asleep than he was capable of knowing.

We have all felt pressed to the earth by the weight of responsibility attaching to us, as in some sort held to answer for the health and life of our fellow mortals to the extent our calling may justly be so regarded; when I say all, of course I do not refer to those human sharks that depredate upon society for a living, in the name of the medical art, uncaring and unconcerned about what becomes of their victim; who doubtless feel the better for the knowledge that they get something for nothing. If such creatures did not dead-beat their way through life, as so-called Doctors, they would be dead-beats all the same. Not so all—far from it. I have known many to whom the skeleton in their closets, the bete noir of their lives, was the fear that their professional services were not worth the money they received for them.

Our times constitute an epoch. There have been many like, but none equal to it. Intellectual awakenings resulting in mental activities and material development constitute these epochs in the world's progress. We honor Hippocrates as the father of medicine. He lived in the age of Pericles—the glory of Athens, and one of the greatest statesman of antiquity; of Herodotus, the father of history; of Thucydides, the chronicler of the Peloponesian war, a historic production never equalled or likely to be, standing as it has done, and will continue to, at once the model and despair of all future historians; of Xenophon, only less as an historian than the immortal Thucydides; of Socrates, the greatest, purest and wisest of men, who is credited with having brought philosophy from heaven to dwell among mortals; of Plato and Aristotle, of whom our great Harvard scholar and late Minister to the Court of St. James, says: "He who has read Aristotle will be apt to think that on most points of general applicability, observation has said its last word, and he who has mounted the tower of Plato will never hope to climb another with so lofty a vantage of speculation;" of Democrites, the laughing, and Heraclitus, the weeping philosopher,—the one the father of the automistic theory of the world, the other entitled to the thanks of mankind for the noble sentiment that moral infirmity ought to be pitied, not punished, as a man who should tear out his own eyes would deserve more pity than an ordinary blind man, a sentiment that found utterance, in later times, in the prayer of the Mohammedan philosopher—"Oh God, be kind to the wicked, to the good thou hast been sufficiently so, in that thou hast made them good;" of Euripides, whose tragic splendor has never been equaled; of Sophocles, of Æschylus, of Aristophanes—but time fails to mention more. But these names, familiar to all historians, justify the statement that the age of Pericles was one of an intellectual activity unrivaled in the annals of mankind. Is it a matter of wonder that just at such a time the father of medicine should appear upon the stage? Of the next greatest name that adorns the medical annals of antiquity it is enough to say, Galen was the physician of Marcus Aurelius, and a product of the Augustine age of Latin literature, as Hypocrites was of the Periclean age of Grecian literature. Of

the intellectual awakening consequent upon Alexander's expedition into the East and the resulting establishment of the great schools of Alexandria—the wonder and glory of antiquity, let Herophilas who is accused by Tertullian of having made six hundred dissections of the human body, and Erasistratus, who introduced his mild antiphlogistic treatment in place of the polypharmacy and antidotal practice of his time, stand as the medical representatives. Of that wonderful period of intellectual activity, stirred into life by the career of Mohammed and his successors, which aroused Europe from the sleep of centuries of superstition, and left its impress ineffacably graven upon the world's history, as evidenced by such Arabic words as sirup, julip, elixir, admiral, alchymy, alcohol, algebra, chemise, cotton, and hundreds of other words found to-day in English dictionaries, the student of American annals will recall the names of Avicenna, Avenzour, Rhages, Albucasis, and last, not least, the great Alhazan, greater as a philosopher and astronomer than a physician. Humboldt tells us that the Arabs ruled the Christian schools by the study of medicine, to which they added the department of medical pharmacy.

It will be recollected that Vesalius was a cotemporary of Luther and court physician of Charles V., that Harvey was the product of the Elizabethan age of English literature, and that the great Bacon was at once his teacher and his patient. "Is it to be looked at as a mere accidental coincidence that while Napoleon was modernizing the political world, Bichat was revolutionizing the science of life, and the art that is founded on it,—that while the young General was scaling the Alps, the young Surgeon was climbing the steepest summit of unexplored nature,"—that the same year read the announcement of those admirable "researches on life and death" and "the bulletin of the battle of Marengo."

This coup d'oeil is no foolish attempt to display learning; I have none to display. Its introduction is for a purpose. Is there seen no parallelism between these great epochs in the world's advance, and the age in which we live—in this century of steam and electrical dynamics—of railroads and ocean steamers, of telegraphs and telephones, of a Watts, an Arkwright, Compton, Howe, Morse, and Edison, of a Humboldt, Thompson,

Darwin, Tyndall, Huxley, Farraday, and a Herbert Spencer? Is it probable that amid the stir, whirl and shaking up of ideas in every other department of human thought, the medical would not share in the general movement? Surely, no. The medical sciences have advanced more in the last fifty years than in the previous thousand. And for this very reason there has been no time in its history when medical men should be more alive to their resposibility to their fellow-men. *Noblesse oblige.* Great use and great abuse go together. No unmixed good among mortals. Medical practice is an art; nor is any large portion of it based upon exact science. It is largely empirical, and must be so for a long time yet. Here is offered an inviting field for the charlatan to ply his trade. Never was there such urgent demand for the conscientious scientific medical man. Nor is it the outside quack only that needs attention. There is quite as much quackery in the profession, perhaps more, than outside, with a piece of parchment they call a diploma, empowering them to depredate to their heart's content upon the sick and afflicted. This is the worst species of quackery. Being legalized, it is more difficult to reach. It is protected by law and public, even medical opinion. This abuse has become so rank and monstrous, as to make prudent medical men question, as did the Abernathys, Sydenhams and Sir Astley Coopers in their day, whether, medicine taken as a whole—much good as it is confessedly doing—is not doing more harm than good. This, however, is no argument against legitimate medicine. It is an excuse for, if it does not justify the language in a recent issue of the Popular Monthly Science. The writer says: "The time was when it was supposed that the State had to look after the spiritual health of individuals; and for that purpose to prescribe their theological belief and religious observances. That belief has for the most part been exploded in the modern world, but its place has been taken by the notion that the State is responsible for the intellectual health of its members; and in lieu of the State church we have the State schools. As regards the physical health of the community, the general method is to legalize one or two---possibly quite conflicting---schools of medicine, and to empower

them to rule out, and, if necessary, to prosecute and punish all others.

"Nobody, broadly speaking, seems to believe that in the absence of all legislation of this character, people could in any adequate manner preserve their health, or protect themselves against gross imposture. We believe it---believe it most heartily; and we believe that the science of medicine would advance far more rapidly, and that on the whole, the public health would be far better, if every man were left perfectly free to employ any one to attend him in sickness. At present every licensed practitioner feels himself authorized to call every unlicensed practitioner a quack. We should prefer a system under which to a quickened public intelligence in questions of health and disease, the quack should stand revealed by his quackery. How much of real quackery is now concealed by the license to practice, it might distress a confiding public to know."

It is proposed to occupy the rest of the time, so kindly accorded me, with a more direct examination of our subject---the limitations of the healing art. It will not fail to occur to you that our art is no exception. Turn wherever he may, man finds himself in all the relations of life and thought, hedged about and closed in by inexorable limitations of his faculties and boundaries of his possible knowledge! While there is a *ne plus ultra* everywhere, the boundaries of knowledge lie in an undiscovered region—no man having yet reached it, however busy in his hunt for it—not even the Plinys, Humboldts and Darwins; while the powers of the mind are susceptible of almost infinite growth in sight and expansion.

> "He that doth the best his circumstances allow,
> Does well—acts nobly; angels can do no more,"—

should be at once the guide and inspiration of every medical man who undertakes the responsible office of looking after the health and lives of his fellow mortals.

I knew, in early life, a very eminent physician who told me that when he came to the practice he was the owner of three medical books; that when he went forth to combat disease, his chief armamentarium consisted of notes taken in the lecture room

of the University of Pennsylvania. He was a pupil of Rush, Physic and Chapman. Then there was much reliance upon traditional knowledge, consisting in large part of the experience of the teacher; now, like all other departments of human thought and activity, the medical sciences and the art based on them are embodied in their own appropriate literature.

DOCTORS MUST READ.

What must they read? You have all read the answer of the great Sydenham when Sir Richard Blackmore asked him what medical books he should read. "Read Don Quixote," replied the greatest physician of the seventeenth century. Would one not be about as profitably employed now in reading the great Cervantes' story of the redoubtable Knight of Salamanca and his faithful squire, Sancho Panza, as in reading much that passes as medical literature?

Thousands of new so-called medicinal agents are struggling for recognition. The press is turning off volumes of medical literature by the thousand. The medical journals, "all useful, we hope, all necessary, we trust, many of them excellently well conducted, but which must find something to fill their columns, and so print all the new plans of treatment and new remedies," pile up our study tables. It is matter of wonder—no philosopher having explained it as yet, I believe—what a number of doctors are laboring under a species of *lead poisoning*. A great medical humorist assures us that it is within his own experience—for he contracted the disease early in life—there is no poison so subtle, so diffusive into the whole mass of the blood, as lead poison, contracted from type metal. Once it has reached the cerebral convolutions, the result is a peculiar disease known to the nosologist of the compositors' room as cacoethes scribendi; a disease that is inexpungable, irremediable; not all the hellebore of three corcyras, I am assured, can purge it away. The evidences of the ravages of this fell malady fill our medical journals to overflowing.

If Apollo comes not to the help of us belabored medical mortals, it is not easy to foretell what will become of us. Already the mass of new remedies, whose potencies are unbounded

over all the aches and ills flesh has become afflicted with from the eating of an apple, is portentous indeed, and, it seems likely enough, from the present rate of supply, that they will, in the no distant future, be quite sufficient to fill a Chinese encyclopædia.

Man and brother possess your spirit in peace and serenity. Do not permit yourself to be disquieted or to lose sleep. Ninety-nine out of every hundred of these thousand and one drugs, vaunted as world wonders, if not as actual specifics, are entirely inert; and in most of the few exceptionable cases of those which have some virtue of the sort claimed, there are well known established agents, whose remedial powers are familiar, far more efficacious. You can count on your fingers all the really valuable additions to the pharmacopœia made in a single lifetime. With the uses and properties of these you will not have to sit up late at nights to become acquainted. But young America must have room to expand in medicine as in everything else. Says the laughing Doctor Oliver Wendell Holmes:

"How could a people that have a revolution every four years, that have contrived the bowie-knife and six-shooter, that have chewed the juice out of all the superlatives of the language in fourth of July orations, that have so used up its ephithets of abuse that it takes two quarto dictionaries to supply the demand; that insist in sending forth yachts, horses and boys to outrun, outfight, outsail and checkmate all the rest of creation; how could such a people be content with less than an heroic practice," and he might have added: with a hundred new remedies each year to impart novelty to the effect.

"What wonder," he continues, "that the Stars and Stripes wave over doses of ninety grains of quinine, and that the American eagle screams with delight to see three drachms of calomel go down in a single mouthful."

What becomes, one is tempted to ask, of the hundreds of specifics, with the laudations of whose miracle cures our medical monthlies—no, monthlies are too slow, it requires weeklies—are filled? Specifics indeed! Yes when we have specifically diseased specific men and women to re-treat. Yes, there may be specifics when we can localize the tide and provincialize the law of gravitation; in the words of another: "When an oil is discovered that

will make a bad watch keep good time, and when a prescription is found that will turn an acephalous fœtus into a promising child, and a man can enter a second time into his mother's womb and give back to her the infirmities that twenty generations have stirred into her blood and infused into his own through her's, we may have specifics for everything except old age, and perhaps for that too."

There would seem to be in medical minds of a certain type, an attraction for odd fancies and paralogisms which lead them to juggle with nature—to delve in bogs and fens, infested with will-o-the-wisps, as naturally as chlorotic girls eat chalk, slate-pencils and charcoal. They never seem quite happy unless they are pouring drugs down the throat of some luckless wight, and the newer, and the less they know of them the more scientific they seem to regard their practice.

I am not disposed to cry down new remedies. Not I. They are too few and precious. I saw a statement, about twenty-five years ago, to the effect that the average life of the doctor in active practice, is only about seven years. Mine, according to this statement, has been protracted to over five times the average duration. Would yon like to know how I feel in my professional old age? Well, then I must tell you frankly: I by no means feel alarmed by any very impending danger of being overwhelmed in my old age by new remedies.

The question recurs: What shall we read? Everything? Better read nothing. Indulge me to say this, the medical man possessing that insight born of a disciplined intellect, guided by well grounded knowledge of the medical sciences, knows as instinctively and unerringly what to read as soon as he runs his eyes over the lines, as the Jew dry-goods merchant knows the value of the textile fabric when he creases it back and forth between his fingers and thumb. He is in no more danger of reading a worthless book or worthless article in a journal, than he is of making a full meal from a joint of spoiled meat.

A medical man, whose fame is in no wise confined to the Western Hemisphere, and withal a gentleman of great prudence and temperance of speech, holds this language:

"The journals contain much that is crude and unsound. The

presumption is against novelties, unless they come from observers of established credit, and yet I have known a practitioner—perhaps more than one—who was as much under the influence of the last article he read in his medical journal, as the milliner is under the influence of the last fashion plates."

New remedies! Are not the journals full of the curative wonders of these new remedies? They give the facts, and the facts are facts. Certainly they are, and out-lie everything except figures. You, who talk about facts and figures in medicine, let me stir up your pure minds by way of remembrance. Remember the "Royal Touch" for scrofula; the hundreds of thousands of cures of one of the most intractible of maladies, a remedy sovereign in fact as in name, from the time of Edward the Confessor in 1042, to the accession of Queen Anne, of blessed memory, in 1702, curing all alike: priest, peasant, prince and philosopher, for twenty generations. Remember Unguentum Armarium, weapon ointment, which healed thousands of wounds all over Europe by being mearly applied to the weapons causing them. Remember the Sympathetic Powders, the secret of which could only be purchased for immense sums; their virtues are attested by great offices of the church and state, even by pope and and king. Disolved in a little water, and the solution applied to the blood-stained garment of the wounded person, even though at a great distance, the pain ceased at once, the cure was assured. What was this powder? Simply sulphate of zinc and nothing more. Remember the Metalic Tractors, of the redoubtable Elisha Perkins, which facts and figures show, cured a million and a half of persons in a few months. For about fifteen years, say from 1797 to 1811, they were the cure of all the world, being introduced into Royal Hospitals and Perkinian Institutes all over Europe, Denmark and England leading the way. What were these wonderful tractors, whose mere touch relieved pain and cured disease as if by magic, as attested by great preachers, professors and statesmen? Do not be frightened, you need not hold your breath. Little pieces of metal about three inches long, one iron and the other brass, sharp at one end. Nurses could apply them, and no disease could resist their power. What has become of them? They have not been seen or heard of in a sick room

for nearly three-quarters of a century, and it is questionable whether a curiosity hunter would be able, for love or money, to add them to his collection of forgotten things. Thousands of sets were sold for twenty-five dollars apiece, and history tells us that Doctor Perkins' son realized ten thousand pounds sterling by their sale in England alone in three years. Good things, Perkins' Tractors! Shall I say remember the amiable Bishop Berkeley's Tar-water, which cured, in the Bishop's account of it, small-pox, consumption, pleurisy, pneumonia, asthma, dyspepsia, gout and fevers of all kind, besides being a great blood purifier? Shall I come to a close by saying: Remember the greatest *cure all* of modern times, whose whole materia medica consists, as you all know of nothing in the world but sugar of milk, and nomenclature?

Oh, ye who talk of facts and figures in medicine, how do these look? Here are facts and figures for your edification—facts and figures, lies, "the stuff that dreams are made on." Of course, I mean not the facts and figures of prudent, painstaking medical men of credit, but those from nameless sources, arrayed in weeklies and monthlies—written most generally by persons laboring under typical *lead poisoning*, and who have it bad, too bad for the facts and figures to be of any good.

Ninety-three years ago the venerable Dr. James Jackson, for nearly fourty years Professor of Practice in Harvard University, went to Dr. Holyoke, of Salem. "You see," says Dr. Holyoke, addressing his pupil, and pointing to the shelves in his shop, "there seems a great variety of medine here, and that it will take you a long time to learn them all; but most of them are unimportant. These four: mercury, barks, antimony and opium, worth all the rest." Brother, in the healing art, how many have you "worth all the rest?"

I submit, is it not the part of common sense, safest for all concerned, to trust to the old reliables with whose properties you are familiar, rather than to exploit with new remedies whose therapeutical virtues, conceding them to have any, are very imperfectly known to you or others?

What proportion of cases, treated actively with drugs, would be better without medicinal interference, we have no means of

knowing; and, I am unwilling to risk your good opinion by hazarding a conjecture. I may be permitted to say, I trust, without offence to my medical brethern, it is the result of nearly forty years observation, that great harm is done, much pain caused, disease aggravated and protracted, even lives jeopardized, by poly-pharmacy, or needless drugging. To drug for every ache and ill I know is expected, particularly by the more ignorant.

The temptation to do what one knows is expected, is great, how great, most of you know. The Sydenhams, Abernethys, Hunters, Sir Astley Coopers, Jacksons and Flints, can afford, you say, perhaps, to put upon diet, order horse-back exercise, hygenic surroundings, and leave the rest to nature; but if we do, our patrons will leave us to starve. Well then, perhaps we ought to starve. Certainly we ought to, if we only keep ourselves alive by doing what we know to be wrong. (!) In those cases in which you know you are expected to give medicine where none is needed, and you have not the "back-bone" to say so, would it not be better for your patient as well as for your reputation to give bread pills, starch powders, tinctures of exonphalos or fluid extract of abracadabra?

Because not drugging him, follows it that the doctor is doing nothing for his patient? In a letter to a young physician, Dr. Jackson, of Harvard, already alluded to, writes:

"It is a very narrow and unjust view of medicine, to suppose it consists in the use of powerful drugs, or of drugs of any kind. The doctor can do much for the sick, more than others can, though in the major part of the cases he does not undertake to control or overcome the disease by art." This great and conscientious medical man tells us in the same letter, that he never reports cases *cured* in the hospital. When recovered he reported them *well.*

Perhaps in the no distant future—obtaining a knowledge of the medical science, and acquiring the art of healing, will be entirely distinct;---the former being taught in the colleges and universities, and the latter in the wards of hospitals by clinical lectures —-a diploma of proficiency from the schools of science being an indispensable pre-requisite to enter upon the study of the healing art at all. This was the view entertained by the great Jefferson,

who, sending his nephew and ward to Philadelphia to study the medical science, wrote to Dr. Physic that he did not desire him to study practice, midwifery, and surgery. "In Medicine of the Future," an address prepared for the British Medical Association—he died before the Association met—the late Austin Flint gives it as his opinion that the teaching of the healing art, its practice and technique, will be in the near future almost, if not wholly, clinical. Of the practice he says: "It is a pleasant thought that hereafter the practice of medicine may not be so closely interwoven in the popular mind with the use of drugs. The time will come, when the visit of the physician will not, as a matter of course, involve the co-operation of the pharmacist. When this time comes a system of practice which assumes to substitute medicinal dynamics for the *vis medicatrix naturæ* will have been added to the list of by-gone medical delusions."

The medical sciences belong to the department of positive knowledge, and should be taught as such; but, the art of healing is now, and must for long continue to be, largely empirical. A glance at our very imperfect idea of the modus operandi of medicinal agents, in every day use, suffices to prove this, without taking into the account the numberless exemplification of it, with which medical history abounds. You do not need for me to tell you that the healing art learned the use of calomel from a charlatan; of antimony from a monk; to cure ague from a Jesuit; lithotomy from a friar; to treat gout from a soldier; to keep off scurvy from a sailor; from a clerk to sound the eustachian tube; to cure itch from a wash-woman; from a milk-maid to guard against small-pox; from a buccaneer the use of the popular compound, opium; acupuncture and the moxa from the Asiatic heathen; the use of lobelia from the American savages; and, last but not least to trust to, not try to supplant, the resources of nature, from Hahnemann and his followers.

But having detained you long enough, I round to a finish, with words, which, while precisely expressing the thought I desire to leave with you on parting, are so much prettier and expressive than any that would be likely to occur to my dull fancy, I know you will pardon my appropriating them. They are these:

"Friends and brothers, there is nothing to be feared from any

seeming heresy to which you may have listened. I cannot compromise your collective wisdom. If I have strained the truth one hair's breadth for the sake of an epigram or an antithesis, you are accustomed to count the normal pulse-beats of sound judgment, and know full well how to recognize the fever-throbs of conceit and the nervous palpitations of rhetoric!"

DYSENTERY.

BY A. GARWOOD, M. D., NEW BRAUNFELS.

Read at Austin District Medical Society, June 19, and ordered published in the official organ.

MY SUBJECT, acute dysentery, is as old as any I might have selected, and yet, as to cause and treatment, is as fruitful of discussion.

I deem it a practical and proper subject, because within the next few weeks it will become an every day disease, and, you will agree, that advance discussion of life-giving methods is better far than an after comparison of mortality lists.

Taking it for granted that each one present is a more diligent student than myself, I will not attempt to shed "the electric light of science" upon the interesting question of etiology.

I trust, however, that those present who have more positive knowledge than myself as to the special cause, will enlighten us with their views. Books tell us that "dysentery is classed among the filth diseases, and filth is supposed to produce its effects chiefly by favoring the production and multiplication of specific poisons of a living, or at least, organic character." Organic, and particularly animal matter, in a state of decomposition with certain climatic influences, is among the causes of disease. An attack may be precipitated by any one of general co-operating causes, as eating unripe fruit, great fatigue, catching cold, malaria, etc.

The disease, *per se*, is an inflammatory lesion of the large in-

testine, characterized by mucus and bloody stools, accompanied usually by tenesmus. The two forms, sporadic and epidemic, are essentially the same, though the bowel lesion is, as a rule, greater and more disorganizing in effect in the epidemic variety. The large intestine may be the seat of a catarrhal or croupous inflammation. The mucous membrane may be swollen, and the secretion of the mucus greatly increased and mixed with blood. The croupous form of the disease is usually more serious than the catarrhal, the local symptoms being more pronounced, the passages more frequent, with a greater amount of blood.

The pain and straining are more severe, and fever is well marked, with full and rapid pulse. There is also a follicular form of the disease, wherein the follicles become swollen, and ultimately small round ulcers are formed. This form hardly concerns us, and in treatment will not be considered.

Symptoms and diagnosis are too familiar to all, so I pass to a consideration of the treatment, which, I may as well state in the beginning, has not yet crystalized into any definite shape.

The first step in treatment is to see that the bowels are relieved of all irritating fecal contents. Usually a preceding diarrhœa has accomplished this for us, but it is not always safe to presume so; for, even though we are called to the case several days after its inception, we may find hardened scybala in the colon, and keeping up the irritation we are called upon to relieve. Obviously, at such time an opiate would do more harm than good, yet I fear that in our anxiety to relieve pain and retain the confidence of our patient we are too prone to a too early use of this drug.

A good dose of castor oil or sulphate of magnesia, or a mild enema, is indicated.

I usually employ, at once, a large injection of a 1 to 2% solution of creolin. By this method all foul and irritating matters are removed from the intestine, and the supposed micro organism may me rendered less active.

It may not be out of place to here remark that, in giving the enema, a soft tube should be used, and the patient, if possible, should assume the knee-chest position. In children or enfeebled subjects, tte buttocks should be elevated by means of a firm pillow. The quantity of injection should vary from one to six

pints, to be repeated two or three times a day, according to the number and character of the discharges. I give creolin enemata the preference, because it is a safe disinfectant, and is less toxic than either carbolic acid or bichloride of mercury. It is also free from irritating local effects, and has a desirable hæmostatic action on the intestinal wall. Added to this, it is cheap, and far pleasanter in every way to handle than the acid or bichloride. If, after the enema, there remains much tenesmus or abdominal pain, we may give an opiate, or, in children, use ice water injections, or give 10 to 15 drops of a 10% solution of cocaine added to a teaspoonful of water per rectum. Repeat two to three times a day, as indicated.

By strictly confining the patient to bed and treating the disease locally, I believe most mild cases may be cured without a dose of medicine per orem.

The diet, of course, must be restricted to the blandest and most digestible articles, while, if the vital powers depreciate, alcoholics must be freely administered.

The ipecac treatment has many advocates, and is said to have reduced mortality in India from 80 to 20 per one thousand. I have experienced, in a few cases, most satisfactory results from its use. In fact, I believe it seldom fails to benefit the patient so far as the flux is concerned, but in my experience, nausea and distressing vomiting so often occur that the remedy, with me, is not a favorite one.

I have failed oftener than succeeded to avoid its emetic effects, and this after the most approved method of administration. I have thought that the fluid extract per rectum might serve us better, but have never given it a trial. I usually employ beta napthal as an intestinal disinfectant, and, according to indications, use bismuth submit. (lg. doses), belladona, aconite, opium, calomel, turpentine, quinine, etc.

Coupled with the medicinal treatment, thorough cleanliness of the patient, his bed, linen, etc., must be insisted upon. Disinfection and immediate removal of the stools and free ventilation of the sick room, should be enjoined.

DISCUSSION.

Dr. J. W. McLaughlin had heard only the latter portion of the paper. The use of enemata, as suggested in the paper, met his approval; it is a practice with him in many cases, which he has found useful. Creolin he had thought too irritating. His rule of practice is, to be governed in prescribing by the cause of the disease. Frequently an attack of dysentery results from indigestion; in those cases where indigested food remains in the canal, his rule is, first to evacuate the bowels, either by enema or by a gentle saline, and allay the irritation and pain; then correct the fault in the digestion. If the disease is catarrhal, etc., if the discharges are mucous and attended with much tenesmus, he uses opiates. Occasionally the disease, especially in children, may be of microbic causation, fermentative. He has found naphthaline servicable here, in conjunction with enemata, if the bowels are not empty. Had recently seen a child with this variety of dysentery. He gave West's mixture with oil, followed by four or five drop doses of naphthaline. The passages were soon changed in character, and resembled "chopped meat." The naphthaline at once renders the alimentary canal antiseptic. He has found Squib's mixture excellent in allaying the pain, especially the tormina, or griping about the navel; or Squib's mixture and bismuth in cases of long standing, or subacute.

Dr. Gregg thought more importance should be attached to the diet in dysentery. The digestion being deranged, he has often found it difficult to select anything to agree with the patient, and having relieved the bowels of undigested food, it is only adding fuel to fire to load them with other food to go through the same process. The safest, and he has found it the best plan, is to withhold food a reasonable length of time. Has had no experience with disinfectants in the treatment, but is partial to cold water enemas.

Dr. Atkinson said, as to washes, one of pure water, as hot as can be borne, gives great relief. In his experience, the less medicine that is given the better, as a general thing, but he has seen cases where opiates afforded great relief, and in proper doses, were harmless. He has prescribed naphthaline with benefit,

also salol. He had found that the patient had no appetite, and the trouble has been to get them to eat anything; but a little later it was just the reverse, and the difficulty was to restrain them; they wanted to eat everything. Upon the whole, he has had more behefit from washing out the bowels with large enemas of warm water than from any medical treatment.

Dr. Black, (recently resident student at Charity Hospital, New Orleans,) agreed with Dr. Garwood in the main, as to his views. He has found thirst a troublesome concomitant of dysentery, and to allay it has employed, with much benefit, mucilaginous drinks. As to enemas, he has found one containing opium very beneficial in acute cases. Also prescribes salts, syrup rhubarb and laudanum. In cases of children, he thinks best not to prescribe opiates. His favorite formula for recent dysentery is—

℞ Magnes sulph. ℥i, syr. rhu. ℥i, and tinc. opi. ʒi. To spirits lavend. comp. and aquae menth. pip. ad ℥viii. Of this, a tablespoonful given at short intervals, until relief is obtained. It promptly relieves tenesmus by unloading the engorged blood vessels of the rectum. Has also employed the ipecac treatment with some success. He finds it to create nausea, and is therefore objectionable.

Dr. W. A. Morris said the Society had discussed dysentery on many occasions before, and it is impossible to exhaust the subject, or do it justice, in the short time allowed. As is well known, there are different kinds of dysentery, produced by various causes, and in their several stages, requiring different treatment. No one formula could meet the requirements in all cases, and no rule of practice could be laid down to be invariably followed. The treatment must be adapted to the case, and intelligence should guide us in selecting our remedies. He had seen many cases in which opium was useful, in fact indispensable; in others it would be positively harmful. The secretions should never be locked up, but when the bowels have been emptied, opium will quiet peristaltic action, and lessen the pain. That is a desideratum; and oil, even though guarded by opium, will increase the peristaltic action. Naphthol and salol are useful in some cases; salines in some. When the bowels are full, large enemas give relief, and he means large, not small enemas;

the latter do no good. Boracic acid he had found a good addition in some cases, and in cases of very severe tenesmus, cocaine has been introduced in the lower canal. He has seen cases of dysentery in which quinine was indicated, and answered a good purpose. The disease sometimes assumes a typhoid condition, and develops so many complications as to tax our resources. As to the use of cold water enemas, as suggeseed by one of the speakers, he had found it harmful,—it increases the tenesmus.

Dr. Garwood said it is singular how the experience of physicians would differ; that he had derived great benefit from cold injections, even ice cold, and that in the case of children it was especially grateful. He had given an ice cold enema to a child suffering with tenesmus, and it quieted him, and the child would drop off to sleep.

Dr. Cunningham said that the ground had been so fully covered by those who had spoken, that he had little or nothing to add from his own experience. The subject is particularly interesting to him, as his two children are very subject to attacks of dysentery. He has found opium, in some shape, necessary in a majority of cases, and with children, he prefers syr. morphia. This he gives with salts and syr. rhubarb. He thinks it answers all the indications, unloads the bowels and the engorged blood vessels of tne rectum, and relieves the straining, producing quiet and sleep.

Dr. Hill is partial to the old saline treatment, salts and laudanum.

Dr. Maxwell lives in a malarial district. He found that quinine is necessary in most cases. He usually combines it with small doses of gray powder and large doses of bismuth, and finds that this gives relief when other remedies have failed.

Dr. Fannie Leake found that the stools were increased by allowing the child drink. She is in the habit of rendering the water alkaline by pouring it over a little wood ashes. This allays the thirst. A favorite prescription with her is bismuth, carbolic acid, gum acacia and mint water.

Dr. R. P. Talley was surprised at the lack of enthusiasm on the part of the Society in discussing a subject of so much importance; he was reminded of a funeral. He does not approve

or condemn any body's treatment, but will give a part of his own experience. He thinks we make a great mistake in hurrying to control or cut short the disease, like putting out a fire. We want to cure it right off. It cannot be done: it is a disease that must run a certain course, an inflammatory process which requires time to develop and decline. Who will pretend to say that it can be aborted? It is a catarrhal inflammation, and he is satisfied if, at the end of five to eight days, he has it well in hand. He recalled an epidemic which prevailed in Georgia, of such severity that even the dogs died; of one family of persons, fourteen died. The inflammation went on without check or abatement, and terminated in gangrene of the rectum, and in some cases even of the mouth, in spite of any and all remedies. Everything was tried; nothing succeeded. The epidemic ran its course, and was very fatal. About the beginning of the decline, a fellow by the name of Thompson—"Thompson with a p"—came there, and prescribed for some cases that got well. He got all the credit, and built up a big practice subsequently.

In his own practice, Dr. Talley uses the salts and laudanum, but uses it differently from the usual way. Gives ½ oz. of Epsom, or a tablespoonful Rochelle salts every hour, for four or five hours. This depletes the portal circulation and the blood vessels of the colon and rectum. After this is done, keep the patient still, flat of his back; put his bowels in splints, as it were; for he had observed that to turn over will often provoke painful peristalsis and tenesmus. He could not think of ice water as a remedy, but gives a large enema of warm water, and keeps it in the bowel; tampon the bowel, if necessary. This overcomes and paralyses the muscles of the bowel. Water is the great depurent, and is worth all the medicine in dysentery. Is down on the ipecac treatment, and criticised it. Likes McLaughlin's theory of microbes in the bowels, and the naphthol treatment. If given by the mouth, naphthol is not absorbed, but goes to the lower bowel. There it is absorbed, and acts as a disinfectant. If a man can take forty grains of calomel, and it goes through him, it acts as a local antiseptic in the lower bowel.

Dr. Talley spoke of a very fatal epidemic in Belton, some years ago. He lost four-fifths of his patients. Undertook to

neutralize the poison, and found it required opium enough to poison the patient.

Dr. Morris asked Dr. Talley what "Dr." Thompson's treatment consisted of?

"Of calomel," said Dr. Talley, "and of roots he dug up in the woods, and stump water." The latter he had learned probably, from another quack that had made a great reputation for curing white swelling with this wonderful medicine(?).

The president thanked Dr. Talley for his interesting remarks, especially as he had given his own experience so fully.

[The JOURNAL is in receipt of a discussion of dysentery by the Taylor County Medical Society, and it is omitted because the same ground is covered in the above.—ED.]

For Daniel's Texas Medical Journal.

GASTRO-ENTEROSTOMY FOR CANCER OF THE STOMACH, SUCCESSFULLY DONE.

OPERATION BY DR. W. T. BULL, AT NEW YORK HOSPITAL, N. Y.

THE patient was a married woman, age 27. Four months previous to this time, she began to have attacks of nausea and vomiting, with alternating constipation and diarrhœa. She became anæmic, and lost flesh and strength. Examination revealed the presence of a large irregular quadrilateral tumor in the region of umbilicus. It was freely movable and presented characteristics of a movable kidney, which it was supposed to be-For purpose of diagnosis, an abdominal section was made when it was found to be a carcinoma of the stomach.

The abdominal wall was closed by cat gut sutures through the peritoneum, and silk through the muscles, fascia and skin.

About five weeks afterwards an operation was undertaken for her relief. The tumor was exposed by a vertical incision. It was found to occupy the pyloric half of the greater curvature of the stomach, and extended up on its anterior and posterior sur-

faces nearly as far as the lesser curvature. Its situation and size made it impossible to remove the growth and sew up the opening left, so the only thing to be done was to excise that half of the stomach; that was soon done.

Then to unite the duodenum to the rest of the stomach would have been very difficult, and would have likely taken too much time as the patient was in poor condition; so it was decided to effect an anaseomosis between the small intestine and the stomach.

The opening in the later was then closed by turning in its edges so as to bring the peritoneal surfaces in apposition and a number of Lembert sutures put in. The opening in the duodenum was treated in the same manner. A two inch incision was then made in the greater curvature of the stomach and a similar one in an adjacent loop of the jejunum. By means of the cat gut rings of Dr. Abbe of this city, these openings were brought opposite one another with the peritoneal surfaces in contact, when Lembert sutures were put in, thus stitching the gut to the stomach.

The abdominal wound was closed as in the previous operation. The anastomosis was effected in twenty-five minutes. At one time the patient presented symptoms of collapse; but as the operation proceeded she rallied. Five hours after the operation she vomited, bringing up a little mucus. It was followed by no ill effects, indicating that the sutures had not given way. She was fed per rectum for five days, and given fluid food by the stomach during the next nine days. At the expiration of the two weeks she was considered out of danger and was allowed solid food as it was believed that the adhesions were strong enough to withstand vomiting in case it should be caused by solid diet. The patient has now, some weeks afterwards, apparently fully recovered. The operation lasted three and one-half hours.

The urine which was perfectly normal before the operation was found after it, to contain a large number of granular and hyalinle casts, showing that a decided congestion of the kidneys was brought about by the prolonged etherization.

A gastro-enterostomy similar to this was done by Dr. Weir

early in the winter with equally good results. There are not enough of these cases on recond, yet to say whether the opening made in this way will remain patent or not.

SETH M. MORRIS.

Society Notes.

THE Louisianian State Medical Association has been compelled to postpone indefinitely their meeting, which was to have been held in June. This is in consequence of the damage done by the recent overflow, by which crops were destroyed, and consequently there is no money in the country. We tender our sympathies to our sister Society; it is a misfortune and we regret to chronicle the fact.

THE Northwest Texas Medical Society was organized at Abilene, Texas, June 7, and the following officers were elected:

President, S. H. Stout, M. D., A. M., LL. D., Cisco.
1st Vice-President, C. F. Paine, M. D., Comanche.
2nd " —. Hollis, M. D., Anson.
3rd " Jas. Isbell, M. D., Abilene.
Sec'y and Treas., B. C. Coleman, M. D., Colorado.

The first quarterly meeting will be held at Cisco, the first Tuesday in October. It is expected that the membership will reach fifty at the next meeting, as there is a large amount of good material available, and out of reach of other Associations. The Association is auxilliary to the State Association, and adopts the National Code of Ethics.

Thus the good work goes on, and the JOURNAL rejoices in seeing the fruits of its labors thus made manifest.

TAYLOR COUNTY MEDICAL SOCIETY.—This new and active Association met at Abilene, June 7, with a full attendance. The subject of dysentery was discussed by Drs. Boyce, Rodman, Harrington, Moody, Henslee, Payne, Hollis, Keown, Wallace and

Isbell. The discussion covered the entire ground; some favoring one and some another treatment. The JOURNAL has been favored by the courteous Secretary, Dr. Hicks Florence, with a summary of the debate; but in as much as we publish herewith the same subject, as discussed before Austin District Society, and as there were no new ideas brought out, i. e., nothing different in substance from that given herewith, it is omitted. The occasion was availed of to effect an organization of the Northwest Texas Medical Association. The details of this new organization appear in this number.

THE SEVENTEETH ANNUAL SESSION of the Mississippi Valley Medical Association will be held at Louisville, October 8th, 9th, and 10th, 1890. The medical profession is respectfully invited to attend. The meeting promises to be of great social and scientific interest, as the profession of Louisville are doing their utmost to make it a success. Ladies accompanying physicians will be made especially welcome. Gentlemen wishing to read papers will please send titles of the same at an early date to the Secretary, Dr. E. S. McKee, Cincinnati.

THE WEST TEXAS MEDICAL ASSOCIATION will hold its fifth quarterly session at San Antonio, July 30, inst., Dr. G. W. Kerr, President; Dr. D. Berry, Secretary. This society knows how to combine business with pleasure; and always "adjourns from labor to refreshments." The JOURNAL acknowledges the courtesy of an invitation to the banquet, and will endeavor to be represented on the occasion.

SAN ANTONIO, July 1st, '90.

DEAR DOCTOR:—You are cordially invited to attend the Fifth Quarterly Session of the West Texas Medical Association, to be held at San Antonio, Wednesddy July 30th, '90, at Sholtz Hall. The meeting will be held at 10 A. M., 3:30 P. M. and 8:30 P.M. Papers will be presented by the following gentlemen: Dr. N. A. Tutwiler, of Flatonia, on Hæmorrhagic Malarial Fever; Dr. W. Boll, of Castroville, on Septicæmia; Dr. B. F. Kingsley, on Subinvolution; Dr. P. W. Johns, on Diagnosis of Pregnancy; Dr.

N. J. Trollinger, on Hay Fever; Report of a Case of Laparotomy for removal of a Fibro Cystoma, by Dr. D. Berry. One meeting of the session will be devoted to the discussion of Medico-Legal topics. Please let me know at once if you can attend. D. BERRY, Sec y.

G. W. KERR, M. D., Pres.

THE Central Texas Medical Association held a very profitable session at Waco on the 8th and 9th, inst.

Drainage Tubes in the Bladder for Retention of Urine.—The Medical Review, of May 31, contains an abstract of an article written by Dr. Lowe, (Br. Med. Association), in which two cases of retention of urine—one from prostatic enlargement, the other from atony of the bladder—were treated, after fruitless attempts to pass the catheter, by puncturing the bladder over the pubis with a small trocar and passing rubber tubing through the canula into the bladder. Four inches were thus passed, the other end of the tube was conducted into a receptacle underneath the bed. A syphon action was established and the bladder was thoroughly drained. In one of the cases the tube was left in the bladder ten days, when it was ascertained that a catheter could be passed with ease and the tubing was withdrawn. In the other case the tube was left in the bladder for several weeks. The following were the advantages claimed: 1. That in spite of the small size of the tubing the bladder was thoroughly drained. 2. There was no escape of urine by the side of the tube. 3. The aperture caused by the tube was so small as to heal up without any difficulty or escape of urine through it. The success of the treatment in at once relieving the severe constitutional symptoms in the case of atony was very marked and complete.

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EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

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Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
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DOCTORS AND "DOCTORS."

Doctors may be likened unto verbs; they be regular, irregular and defective. We are speaking of "regular" doctors, for, ye medical profession, very properly, do not consider any man a doctor who has not a diploma from a regular college. With them, homeopaths, eclectics *et id om. gen.*, are not doctors at all; hence our remarks are confined to the "regular profession,"—taking no note of those who are confessedly irregular,—the *outside* quacks, except for comparison.

The "regulars" may be divided into the regular regular, the irregular regular, and the defective regular; then, again, some be both irregular and defective. Under the general head of the "regular profession" come all who can pass muster and become a member of the medical societies—State or local,—no matter by how close a skin of the teeth; all who can get in are understood to be "regular."

There be numerous—perhaps a majority of regulars, of the several degrees of regularity, who are not,---do not care to become members; the irregulars are those who could not if they would.

Now, doubtless, there are many comparatively good men who,

having never graduated, could not, by any possibility, enter the ranks of the elect; doubtless, on the other hand there be many comparatively bad men who can and do get in; the difference between the extremes being about like that between a pig, a shoat and a hog. So, the line must be drawn somewhere, and it is drawn at the possession of a diploma! No matter how good a "doctor" may be as a practitioner, however well informed, successful and popular; however moral and correct, unless he have this one thing needful, the *open sesame*, he cannot come within the fold; no matter how ignorant and uncouth, nor how besotted, nor how mean and immoral, the possessor of a piece of sheepskin of the regulation sort—even *though it be one he cannot read*, can nearly always—(the exceptions are as the proverbial hen's teeth)—get some one to endorse his application, and can cross the line into the haven of regularity. The diploma, like charity, covers a multitude of faults. Once in, it is much more difficult to get him out; it cannot be done on anything "flimsy" or "puerile."

Let us diagram our idea, as Dr. Baldwin did the joke. D. for diploma, L. for learning or professional ability (more or less), C. for character.

Irregulars:	(1)	+L.+C.−D.	
	(2)	+L.−C.−D. +C.−L.−D.	(a pig)
	(4)	−L.−C.−D.	(a hog)
		——— the line ———	
Regulars:	(3)	−L.−C.+D.	(a shoat)
	(2)	+L.−C.+D. +C.−L.+D.	or
	(1)	+L.+C.+D.	(the true physician.)

Dr. King, in his excellent little book,* has described the true physician; he possesses all the virtues. In our societies he predominates, it is to be hoped. Of course he is a "regular,"—a regular regular; but all regulars are not true physicians, un-

* "Tales of a Country Doctor," by Willis P. King, M D., Kansas City; a most readable and good book.

fortunately. At a meeting he is easily distinguished. He is quiet, grave, gentlemanly, dignified; intelligence beams from his brow. He is there in the interest of scientific medicine; to see if he can learn something he did not know before, for he is willing to admit that there are some things he does not know, unlike certain other "regulars" to be presently mentioned; or perhaps, to impart, for the benefit of the profession, something in the life saving line that has come to him in his experience and observation. He shines in a crowd of regular, irregular and defective regulars, like a new "quarter," in a handful of coppers. God bless him and multiply him forever!

There be those, who would be thought ultra-regular (they are like the Indian's tree, "so straight it leaned over"), who pose as the very essence of regularity;—who quote the code with the same facility that they violate it in daily practice. These be hypocrites. They are keen observers of motes and beams in the eyes of others. In order to be thought regular in the extreme (the thief cries "stop thief"), these gents want to "run the machine." "We are the regular profession." Oftener than any other, one of these calls "Mr. President;" has something to say on every subject, and by emphasis and much gesticulation makes believe his remarks are full of meaning. He knows it all, and is there entirely in his own interest. If he has not been president he will be, if there be any virtue in electioneering and letter writing. That charity that covers a multitude of faults dwells not in his bosom. He knows all the faults and short-comings of his brethren, and conscious of his own moral taint, seeks by exaggeration in telling them around, to tarnish others; he may perhaps, whisper it behind his hand,—"h—sh! in confidence, you know,"—and under the seal of secrecy, writes or breathes insinuations and aspersions against a brother which, in his cowardly heart he knows to be false! Yet, he is a "regular." "Cæsar was an honorable man."

Then, there is the regular—ass. He is distinguished by his wise look and perpetual tooth pick; is affected in his speech, and as sanctimonious as he is deceitful. He knows it all. He listens to a paper with a "bored" air; smiles knowingly to himself, as if to say "Oh how perfectly familiar all that is to me." In days gone

by he has covered all the ground; there is nothing for him to learn. He has a high opinion of himself, and would charge a rich corporation $5000 for an opinion, if he had the chance, and makes no bones in saying so; but, alas, for the chance!

Much irregularity crops out in the matter of advertising. Look in the great dailies of the State,—(and we have seen some pamphlets—even with a full moon face of the *soi disant* "specialist," published *before* admittance). In the daily are numerous quack advertisements; these are to be expected. There is the fellow who cures cancer without the knife. There is also, the advertisement of an eminent (?) regular, bordering so closely on the forbidden that were the name of a less regular-regular to it, it might be mistaken for a quack advertisement! Near the two may be a tradesman's cut, (as if to emphasize, not the difference, but the resemblance,) representing two of the small fry, very ragged from the rear aspect, which is presented, gazing in awe, far over the trouble waters of the broad Atlantic, and asking "what are the wild waves saying, brother?"

Now, the medical profession lay it to their hearts as a great grievance, that the public and the press will not discriminate;—that they regard *all* who call themselves "doctor," as one of a kind, and will see no difference between them; will not bow down and worship the regular profession as a superior set of mortals. How *can* they, when this style of advertising seems to be common property with all "schools," and is resorted to occasionally, rarely, we are glad to say, by the *known* elect, (?) when they see men of quackish proclivities and practices taken into the fold? How can they know who constitute the regular profession, or where to draw the line? Neither a newspaper nor the most astute public could, with a high power microscope detect any difference between these advertising regulars and the "other fellows;" the regular, having met the irregular on this common ground, the presumption is that they are *par nobile fratrum*. The former cannot go to the newspaper nor to the "astute public," and say: "Behold! here is my diploma; this let me into the State Association, despite my tricks; the other fellow hasn't any!" He cannot exhibit it, as he did to the Judicial Council; and yet, in the absence of a knowledge of its possession,

how can they tell "which from t'other?" And how funny it must seem to disinterested parties, to the press and public, to see these fellows, an inside quack, an outside quack, seriously engaged in a game of Kettle and Pot! The profession, *on principle*, must back up their Kettle, although, perhaps, knowing it to be as dirty as the Pot; but the public can see no difference. The diploma being out of sight *they* have only appearances and past record to judge by—dull and indiscriminating public!

This is intended in nowise as a reflection on the large body of honest, even though humble workers in the ranks, the bone and sinew of the profession. They are code-respecting, modest and meritorious seekers after truth, respecting themselves and cherishing a high regard for the rights of others. A defective preliminary or literary education, while a great drawback, detracts nothing from their worth as practictioners of a noble profession, however it may affect their ability, provided they are sincere, and are actuated by the true principle that should govern every practitioner of rational medicine; but, who will deny that there is a large element of unworth in the organized profession, that leavens the loaf, as we have once before pointed out, and brings discredit on the whole? blatant, loud quacks, wolves in sheeps' clothing, men, whose character, in the communities where they have lived, will not bear the calcium light of investigation, yet whose chief delight is the defamation of a brother physician? Nor is this intended as a reflection on the Judicial Council. Those gentleman are honorable and high-minded, and are inspired by a jealous regard for the character of the Association; but they examine applications in the light in which they are presented, and doubtless are often imposed upon. We know of cases where they have been either deceived or satisfied by specious promises, and the anomaly exists in Texas of the State Association harboring members who had been black-balled by local societies; of admitting to membership one who had been expelled from a local Society for practicing on a Buchanan diploma.

Is there a remedy?

The mission of the JOURNAL, as often announced, is, or was the advancement, elevation and *purification* of the medical profession of Texas. Talk of "purification?" Vain hope! When

at the fountain head, in the organized department, we have seen charges of *conduct unbecoming a gentleman and a physician*, backed by strong documentary evidence, *suppressed* "in the interest of harmony," or pronounced unworthy of serious consideration; and the accused, (doubtless out of gratitude) has ever after been the advocate and champion of "harmony;" carrying his zeal so far, in an underhanded way, as to *raise a row*, so to speak, and cause a serious split, which really threatened the integrity of the Association, *in order that there might be harmony!* Like Buck Fanshaw, "the peacablest man in Nevada," who "licked eleven Greasers in fifteen minutes, because they wouldn't be peacable!" (he "would *have* peace," according to Scotty Briggs, in Mark Twain's inimitable book,) this accused and condoned party was so bent on "harmony," that he would, without cause, depose "the best Secretary the Association ever had," according to his own admission; and in the attempt to do so, got up an ebullition of feeling among the members, all for the sake of "harmony!" Oh harmony, harmony! how many sins are committed in thy name!

It is of record that the Texas State Medical Association has outraged justice, robbed its own treasury, and compromised its reputation for intelligence—for the sake of "harmony." It has witnessed the vilest slanders by a member against a brother member of a neighboring State Association, which publication the said Association has, by official action, denounced as false and slanderous, and for the sake of "harmony," has taken no action in self-vindication, but stands to-day, committed by its silence, as tacitly endorsing the action of its member.

It had been hoped that in organization the remedy had been found; that by careful selection, a State Association might be made to represent exclusively the better element of the profession; but since Tom, Dick and Harry have been admitted, it has become almost as heterogenous as the profession at large, and separation and purification are no longer possible. The JOURNAL'S missson is gone, that part of it at least. To purify the profession of Texas, would be to do as McCarty did with his dog: cut his tail off *just back of the ears!* We give up the purification busi-

ness; too many of our *big ones* would have to go with the tail part.

The remedy can apply only to the future. We must bear the ills we have, it is to be presumed, but hereafter a closer scrutiny into the character and standing of all applicants should be exercised. It is not alone a question of whether or not one has a diploma. The Associations of physicians are semi-social in their character, and unimpeachable moral character and unquestionable professional integrity should be the *sine qua non* to membership.

TEXAS STATE MEDICAL ASSOCIATION.—DELINQUENT MEMBERS.

There are one hundred and ten members of the Association who have not paid their dues in three years; their names will not appear in the roll in the forthcoming Transactions, unless remittance of $10 be made prior to August 10, prox. There is an ordinance in force which allows such members to be reinstated upon the payment of $10 (the amount paid by new members). This $10 is in lieu of all arrears. The Secretary has sent notice to the one hundred and ten suspended members; and has also sent notices to two hundred and fifty-six who are in arrears for one and two years, that unless they remit by August 10th they will not be entitled to the Transactions. The above mentioned delinquency represents, at a low estimate, $3000 due the Association. Many of the most prominent members are embraced in the list; and even two Chairmen of Sections—suspended—dropped from the roll (or will be) for non-payment of dues in three years! This shows a very great looseness in doing business. At the time these two gentlemen were elected to the Chairmanship of important Sections, they were actually not members of the Association. They were present, but under the by-laws they stood suspended at the time they were elected.

Notwithstanding the President's recommendation that the badges be placed in the hands of the Treasurer (which was done) and given out only upon the payment of dues, a very large num-

ber, and among them some of the most prominent and distinguised members, managed to get and wear badges and thereby, doubtless, got into the nominating committee, and perhaps—received office—yet failed to pay even *one* year's dues! What did we say in last issue? "Would a reputable physician, under the circumstances, take and wear a badge and yet fail to pay his dues? Wouldn't he though?" At the next meeting, our Treasurer assures us, things will be managed differently; "no dues no badge," he says, will be his motto.

Were the members to pay their dues as they should do—the Association would soon become able to reduce the yearly tax to one-half. We have 560 members; were all to pay, the yearly income, leaving out the fees from new members, would amount to $2800. As we said, about one-third of the members pay the expenses of the Association. More on this subject another time.

DR. R. H. L. BIBB.

In April last, the press dispatches announced the killing of Dr. Carothers, in Dr. Bibb's office, in Saltillo, Mexico, and stated that at the time the two gentlemen were alone. Commenting on it, the reporter intimated that there were grounds for suspecting Dr. Bibb of the killing. The same dispatch announced his arrest. A later telegram announced his release on bond. The JOURNAL was just going to press when the news came, and Dr. Bibb being a member of the Texas State Medical Association, and very popular throughout the State, the JOURNAL printed the item just as it was given to the daily papers, as an item of news of general interest to the profession. It transpires that Dr. Bibb and Dr. Carothers were intimate friends, and had agreed to go into a copartnership shortly, and that they were talking the matter over in Dr. Bibb's office. Not alone, however, as was alleged, but Dr. Bibb's servant, a negro man, was in the room at the time. Dr. C., like most yonng men, was fond of a joke, and he frightened the darkey with his pistol, in a playful way. The darkey became so seriously alarmed that to reassure him Dr. C. pointed the pistol at his own head, and by some strange fatality

it was discharged, killing him; but not instantly, as stated. He lived long enough to exonerate Dr. Bibb, and the statement of the servant, the witness, corroborated it. Of course Dr. Bibb was arrested, as was every inmate of his household, even the cook; that is the law. But an examination was had as soon as possible, and Dr. Bibb was dismissed—not under bond, but fully exonerated of even a suspicion of crime.

The above statements we could substantiate were it necessary. We make them in justice to our friend and confrere, having, in publishing the dispatches, unintentionally done him a wrong and an injury. No one regretted the occurrence, or more seriously mourned the death of his young friend, than he. Dr. Bibb is a brave and chivalrous Southern gentleman, who would scorn a cowardly act; his honor is dearer to him than life. We tender him our sincere condolence in the bereavement of his genial young friend, and assure him of our continued high regard and esteem.

Medical News and Miscellany

Removed.—Dr. E. S. Menefee has removed from Joshua to Granbarry.

Small Pox is raging at Saltillo, Mexico; and there has been a death at Laredo from the disease.

Dr. R. M. Swearingen and wife left for Europe via New York, on the first of July, on a three months' pleasure trip.

Milk from tuberculous cows is said to be killing infants in San Antonio, so says a telegram, on authority of Dr. McKillop, U. S. A.

Dr. W. J. Westbrook, of the firm of Drs. Roach & Westbrook, of Sipe Springs, was married in Galveston on June 26, inst., to Miss Hope Skeene of Mt. Pleasant.

Two deaths from sunstroke in Galveston on the 16th inst.

Dr. W. M. Burger, who went from Granger, Texas, to Montana, and had charge of the hospitals of the Tongue River Indian agency at Lame Deer, has returned to Texas and located at Claude, in Hopkins county.

The authorities of San Antonio have appointed a milch-cow inspector, or an inspector of cows and cows' milk, in view of the discovery, announced elsewhere, that children are being killed by the use of milk from tuberculous cows in that city.

Heart Failure.—The health-officer of Chicago has refused to recognize certificates of death from "heart failure." One hundred and fifty certificates so signed have been returned, with a request for more definite information as to the cause of death.—Exchange.

Strophanthine as a Local Anæsthetic.—It is claimed by M. Gley that strophanthine is superior to cocaine as a local anæsthetic. It relieves both tactile and thermic sensibility. Cocaine only relieves tactile sensibility.—Le Progre's Medicale, March 1, 1890.—Medical Bulletin, June.

It Pays to Advertise in this Journal.—"Our business in Texas has increased very materially recently, and we believe it is due in a large measure to our advertisement in your Journal."

PHENIQUE CHEMICAL CO.,
St. Louis, June 20.

[Voluntary and unsolicited.—ED.]

This issue begins Vol. 6 of DANIEL'S TEXAS MEDICAL JOURNAL. It has enjoyed five years of most remarkable success, and enters upon the sixth year with most flattering prospects. Thanking our friends for their generous support, the JOURNAL cordially invites a prompt renewal of subscriptions; and calls on all in arrears to please settle at once. All original subscribers may know that their time is out; expired with the June number.

Three cases of malignant diphtheria—one death—occurred in a family six miles from Austin, in Dr. Morris' practice. No possible connection can be traced to any infected person or thing; and no local cause can be found. The water is from a clear, gushing mountain spring; what can be the cause?

Death of Dr. Towsey.—Dr. Samuel A. Towsey, one of the old "land marks" of Galveston, died in that city on the 11th inst. He was born in England in 1810; studied medicine and graduated in that country, and came to Texas in 1837, and entered the Texas navy, where he served several years. He had resided in Galveston upwards of fifty years.

Texas will be well represented at the Tenth International Congress at Berlin next month. Drs. Swearingen and Tyner from Austin (and their wives), Dr. Eastland from Wichita (and his wife), Drs. E. J. Beall, H. K. Leake and J. M. Pace, from Dallas, and Dr. H. Leonard, from New Braunfels, will be there as delegates from Texas State Medical Association.

Dr. T. J. Tyner, of Austin, left on the 15th inst. for Europe, via New York, on an extended tour. Mrs. Tyner accompanied him. At Berlin, in August, Dr. Tyner will read a paper before the International Congress, on an improved operation for cataract extraction, devised by himself. Dr. H Leonard, of New Braunfels, also left for Berlin, in company with Dr. and Mrs. Tyner.

For Chronic Vesical Catarrh.—

℞. Acidi nitrici pur, gutt iii.
Aqua dest. ℥vi.

M. S.—Inject in the bladder after first irrigating with warm water.

G. L. BAUER, M. D.,
St. Louis Clinique.

Messrs. Sharp & Dohme renew their advertisement for this, the sixth consecutive year, and request us to consider them permanent patrons. Messrs. Battle & Co. renew their ad. also, for the sixth consecutive year, and Dr. Bodine, Dean of the Uni-

versity of Louisville Medical College, renews also for the sixth round. Can anything better testify to the value of the JOURNAL as an advertising medium? Write for rates.

Prince Bismarck.—It is said that the Prince, when asked numerous questions as to his habits of life, etc., impatiently exclaimed to the young doctor who had been called to attend him: "Oh, be off, I don't like doctors who ask so many questions." The physician naturally took his leave, but, on reaching the door, gave the irascible potentate a word of advice, to the effect that he had better call in a veterinary surgeon, he being the only man who asked his patients no questions.—Med. Press and Record.

Comparative Action of Iodides of Potassium and Sodium.—Dr. Laborde (N. Y. Med. Record, Paris Cor. Lancet) calls attention to an error which is very prevalent in therapeutics, in considering isomeric substances as possessing the same physiological and therapeutical properties as their congeners. He says, the blood pressure is augmented by iodide of potassium, whereas iodide of sodium scarcely modifies it. Experiments upon lower animals showed that iodide of potassium produced general tetanus, whereas experiments with iodide of sodium, even with double doses, produced negative results. Iodide of potassium exites the nervous centers, whence its action on the vascular system and on the heart.

Von Boeckmann, "The" Bookmaker, requests us to announce that he will bind Volume V. (just completed) of DANIEL'S TEXAS MEDICAL JOURNAL, in beautiful and substantial style, for one dollar; that those having papers to appear in the Transactions desiring reprints, must communicate with him at once. The Transactions is now in press, and will be issued speedily—a handsome volume.

Von Boeckmann has printed this journal and the State Association Transactions five years, and given satisfaction. He has the most complete outfit south of St. Louis, and will duplicate St. Louis and Chicago prices on anything from a two-leaf folder to a 1000-page royal octavo book.

Gone to Europe — Dr. O. Eastland, ex-Vice-President of Texas State Medical Association, and his estimable wife, sailed for Europe June 18th, ult. The JOURNAL was favored with a letter from the doctor, written in mid-ocean and mailed at Queenstown. The doctor will attend the Tenth International Medical Congress, to which he is an accredited delegate.

The Association delegates who have gone, so far as reported to the JOURNAL, are: Drs. O. Eastland, R. M. Swearingen, H. Leonard, T. J. Tyner, E. J. Beall, B. E. Hadra, J. M. Pace and H. K. Leake. We wish them a happy time.

The use of the Galvanic Current as a Laxative.—John V. Shoemaker, A. M., M. D., of Philadelphia, in the Medical Bulletin for June, calls attention to the galvanic current as a laxative. An olive pointed electrode, negative pole, is introduced into the rectum, while the positive pole is placed on the perineum. The current is the strength of one milliampere. The desire to go to stool comes on within two minutes. It was ascertained that the use of the negative pole within the rectum caused relaxation of the sphincter muscle, while the positive pole produced contraction of this muscle. Chronic constipation may be robbed of its terrors by the use of the galvanic current. Its further use should be reported.

A Cardiac Murmur of Itself of Little Significance.—Dr. Beverly Robinson stated, at a recent meeting of the Practitioners' Society of New York, that the fact had come to be pretty generally recognized that a cardiac murmur of itself meant very little. It came down to the question whether the heart was doing its work well. There were certain ways of determining that point, aside from physical signs. One evidence of lack of proper compensatory power was difficult breathing; a second was palpitation; a third was pain in and around the heart. If no renal nor other physical evidence that the heart was suffering, the mere presence of a cardiac murmur should not be considered as of great importance.—Practice.

Our new advertisements are so numerous that it would be

impossible to mention each one separately, and do justice to any in the small space at our disposal. We advise our readers to scan them closely. If they contained nothing to interest physicians, the parties would hardly pay to print them. It is a mistake to think the advertisements are not reading matter; they are, and are full of interest.

Especial attention is called to the large list of medical colleges advertised in this issue, as now is the time students are looking around to decide where they will attend the next course. In writing to any of the advertisers in the JOURNAL, we will take it as a favor if our readers will say where they saw the advertisement. Read all of of them!

The Treatment of Keloid.—A. G. Browning, M. D., of Maysville, Ky., (Med. Record, May 10, 1890), says Keloids are curable by the use of bichloride of mercury and collodion. He says, "I use the bichloride in the proportion of 1 to 30 of collodion. The tumor is thickly coated with this and allowed to remain until it exfoliates, four or five days generally. Another and another is appliied in this way, till by successive coatings the growth is reduced to a level with the surrounding surface, when the cure may be regarded as complete. From three to half a dozen applications, owing to extent of growth, have generally proven sufficient."

Dr. Browning says there is little or no irritation produced, and that the crust drops off, bringing with it a layer of the coagulated tissue which leaves the parts smooth and dry for the next coat. Warts and corns are cured by the same process.

Death of Dr. S. T. Lowry, of San Antonio.—Died, on June 30, ult. near Bandera, Texas, Dr. S. T. Lowry, of San Antonio, Texas, aged 44 years.

Dr. Sylvanus Todd Lowry was born at Elkhorn, in Kentucky. There he practiced medicine with his father a short time, and removed to Texas, settling in San Antonio, about nine years ago. He was a graduate of Jefferson Medical College. He was a member of the Texas State Medical Association, and had contributed liberally to the medical literature of Texas. For some

time past his health had been failing, in consequence of laborious practice, and at the advice of friends, he concluded to take an overland trip across the mountains of West Texas, in hopes of recuperating his strength. At Bandera he was attacked with acute peritonitis, which rapidly proved fatal. He leaves a wife and several children, and a large host of attached friends to mourn his untimely loss. The remains were sent to his old Kentucky home for interment. The West Texas District Medical Association attended the funeral in a body.

Book Notices.

A TREATISE ON ORTHOPEDIC SURGERY, by Edward H. Bradford, M. D., Surgeon to Children's Hospital, Boston City Hospital and Samaritan Hospital, instructor in Clinical Surgery, Harvard Medical School; and Robert W. Lovett, M. D., Surgeon to the Samaritan Hospital, Assistant Out-patient Surgeon to the Children's Hospital, Out-patient Surgeon to the Army Hospital, formerly Assistant Surgeon to the New York Orthopedic Dispensary and Hospital. 783 pages, illustrared with 789 wood engravings. New York: Wm. Wood & Co. 1890.

This is a splendid book; worth its weight in gold to every surgeon.

It is only within the last two decades that orthopedic surgery has become recognized as a distinct branch of practice. In that time the progress made has been truly wonderful, and many deformities of the lower extremities heretofore thought to be beyond relief, have been corrected by operation. This has become possible since the days of antiseptic surgery. The cure of flat foot is the latest triumph; the arch is altered and remodeled as that of a bridge would be, and insteps and graceful feet are now made to order.

In writing this excellent work, the authors have not confined themselves strictly to orthopedic surgery as generally understood to mean the correction of existing deformities of the lower ex-

tremities, but have entered into a description and discussion of affections of the joints as factors in the production of deformity, holding that prevention, as well as cure, is the mission of the surgeon; and having opened up on this branch, it was hard to draw a line; hence Pott's disease, which is supposed to have no relation to orthopedics, is treated in the opening chapter, and extensively illustrated. Deformities resulting from traumatism are not considered in this work, the ground being fully covered in works on general surgery.

The title of the work does not convey an adequate idea of its scope; it is a misnomer. The first one hundred pages are devoted to Pott's disease; the next one hundred to lateral curvature and other affections of the spine; a large part to paralysis, and a part to torticollis; while only the latter one-third of the volume is devoted to orthopedic surgery proper. It is a much bigger book than "orthopedic surgery"; it is an exhaustive treatise on the "cause, prevention and treatment of all kinds of congenital or acquired deformities of the human osseous or muscular system." Moreover, it is published under the general head of "specialties in the practice of medicine." We cannot exactly understand where the relation to the practice of medicine comes in. But, as before said, it is a very valuable book. The publishers, Messrs. Wood & Co., have, with their usual painstaking care, done their share in getting it out. It is a handsome volume in muslin. Price, $6.

CYCLOPÆDIA of the Diseases of Children, Medical and Surgical. Keating, Vol. III. Diseases of the Digestive System; Of the Genito-Urinary Organs and of the Blood. Surgery and Diseases of the Osseous System, and of the Joints: J. B. Lippincott & Co., Philadelphia, 1890.

The articles written especially for the work by American, British and Canadian authors. Edited by Jno. O. Keating, M. D.; illustrated.

This is the third volume in the series—the first of which created an unusual interest in medical circles, and its get up, and the quality of its contents fully sustain the fine impression made by Vols. I and II. The articles which go to make up the first

part of this volume, and embraced under the head of Diseases of the Digestive System, are numerous and ably written. They cover the ground in a most exhaustive manner, and furnish the practitioner with new views and new treatment; something out of the ordinary, stereotyped style. Every phase of the subject is ably written up by men who have had unusual facilities for observation, and who are abundantly able to profit by that observation, and the soundness of whose deductions from clinical facts is beyond question.

Beginning with Functional Disorders of the Stomach, by Pepper, the reader is carried by easy stages and regular gradation successively through—Diseases of the Stomach (Hobart Amerry Hart), the Diarrhœal Diseases, acute and chronic (L. Emmett Holt), Membranous Enteritis (Wm. A. Edward), Intestinal Bacteria of Children (Wm. D. Booker), Acute Chronic Constipation (Chas. W. Earle), Tabes Mesinterica (A. Jacobi), Parasites of the Intestinal Canal (W. T. Councilman), Intestinal Obstruction in Children (W. W. Keen), Petitonitis (Henry Ashby), Perityphlitis, Paratyphlitis and Perityphlitic Abscess, (Christian Fenger), Congenital Abnormalities of the Intestines, Diseases of the Rectum and Anus (Henry R. Wharton), Colotomy (Jno. H. Packard), etc. A chapter is devoted to the pancreas, and three articles on the liver.

This is equal to a full course of lectures on the subject, and were there nothing else in the book, would be worth the price of the set.

Part II is devoted to Diseases of the Genito-Urinary Organs and the Blood. Part III to Surgery, embracing Minor Surgery and Emergencies in Children, by Dr. C. W. Dulles. Plastic Surgery by T. G. Morton; Wounds by Jas. McCann; and Anæsthetics and Anæsthesia by O. H. Allis. Part IV, to the Diseases of the Osseous System and of the Joints.

To the latter subject fifteen well written articles are devoted, by such men as Gerster, MacEwen, (Glasgow), Kinlock, (Charleston), N. P. Gibney, A. J. Steele, et al.

The whole is profusely illustrated. The work in its entirety, is a masterpiece; it is the embodiment of scientific teaching, and brings the reader up with the latest accepted doctrines on the

subjects treated of. What a privilege to live and practice in such an age, with such facilities for acquiring knowledge! The vast body of the profession jog along in an easy way, while such men as the writers of this book are delving into the mines of knowledge, waiting, knowing, that soon the fruits of their labor will be sifted, formulated and systematically arranged and presented to them in a neat and attractive form, and at a trifing cost; and all they have to do is to—enjoy it and profit by, and give the afflicted the benefit of said "delving." We of the profession stand under the tree with hands outstretched to catch the cherries;—others have climbed the tree and do the shaking.

Messrs. Lippincott & Co., seem to have taken a special pride in getting up the work in a style commensurate with the great value of its contents. It is a book that any physician should be proud to possess; it is intensely interesting. We regard it as one of the most valuable and important additions to literature within the century.

TALES OF A COUNTRY DOCTOR, by Dr. Willis P. King, Kansas City.

Readers, here is a treat for you. It is full of pathos and humor, and of a wholesome kind of satire. It is full of the milk of human kindness, and only lacks a little of being a first-class sermon on ethics. Send for it. Some of the Doctor's experiences will find echo in many breasts.

Publisher's Notes.

Epilepsy of Thirty Years' Standing.—In an old case o epilepsy of thirty years' standing I used Peacock's Bromides with marked success and decided benefit. Patient had from three to six seizures usually in twenty-four hours; under the use of Peacock's Bromides the patient is almost entirely free from further attacks and otherwise generally improved.

Bay Port, Fla. J. S. BRUNNER, M. D.

Salol in Dysentery.—Dr. Aaron Jeffery having used salol in several cases of dysentery, reported very flattering results. Having failed with the ordinary treatments of the disease, he ordered salol in powder, ten grains every three hours, with the result of disappearance of blood and mucus from the discharges in about twenty-four hours.

Dr. Landon B. Edwards had been using salol with satisfaction in dysentery since his attention had been specially called to its virtue by Dr. W. P. Nicholson, of Atlanta.

Dr. Arthur V. Meigs, Philadelphia, Physician to the Pennsylvania Hospital and to the Children's Hospital, Author of "Milk Analysis and Infant Feeding," in a paper on "Dietetic Management of the Summer Diarrhœa of Infants," published in the *Philadelphia Medical News*, July 7th, 1888, say:

"Of all the baby foods that are manufactured, the only one that has given me such results as to encourage me to persevere in its use for any length of time and to recommend it extensively is Mellin's Food." Doliber-Goodale Co., Boston, Mass.

Insomnia.—Extract from an article in the Medical Press and Circular, by EDWARD WARREN BEY, M. D., C. M., LL. D., D. M. P., Chevalier of the Legion of Honor, 15 Rue Caumartin, Paris.

To those familiar with the use of BROMIDIA (Battle) no argument is necessary, for it speaks for itself, by fulfilling the indications for which it is administered with a certainty, efficiency and harmlessness, which elicit at once the wonder of the patient and the delight to the prescriber, and give to the profession the assurance of possessing one remedy at least which approximates so near to infallibility of action to justify the title of specific.

The ever progressive house of Parke, Davis & Co., are out

this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather.

They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics and anodynes for diarrhœal and dysenteric affections, some new expectorants of note for coughs and colds, and a normal liquid ipecac always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food so frequent a cause of infantile diarrhœa.

By way of gossip we may state that this house is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in progress of erection will double their capacity for production this year, and a new laboratory very complete in its appointments is now being built for them in Canada.

Worthy of notice this month is the advertisement of the Chas. H. Phillips Chemical Co., on insert page.

This company have devoted years of experience and energy to the perfecting of a very limited number of preparations, and can justly claim superiority in their line.

Their latest product the Phospho Muriate of Quinine Compound, combining iron, quinine and strychnia, in the best chemical form, with wheat phosphates instead of *simple elixir*, is indeed fine. The form and proportion of the various salts are in harmony with the most advanced scientific, physiological principles, and physicians will do well to investigate it.

The Lacto Peptine Medical Annual 1890, is the title of a very handsome little publication that has come to us with the compliments of the New York Pharmacal Association of Yonkers. It is a souvenir worth preserving, if for no other reason, for the excellent one thas it contains portraits of the Faculty of Bellevue College, Pennsylvania University, and the College Physicians and Surgeons, of Chicago; besides it has portraits of the faculty of the American Medical College, and the New York Homœpathic College, which we do not prize much, but we are

glad to have a photo of Dr. Joseph Leidy, W. T. Lusk, A. B. Nott, Austin Flint, Agnew, H. C. Wood, Wm. Pepper and other great lights. It contains much more of interest, and is beautifully gotten up. Sent free on application if this JOURNAL is mentioned.

A New Test for Albumen in Urine.—The following tests have been published by Zouchlos, (Rundschan, 1890,) and is recommended on account of its simplicity and accuracy. A solution of one part of acetic acid, and six parts of one per cent. solution of corrosive sublimate is prepared; to this the suspected urine is slowly added, which at once produces a distinct cloudiness. test is not affected by peptones, uric acid, or the phosphates.

A still more delicate test than the above has also been proposed by Zouchlos. Three ounces of a ten per cent. solution of rhodium potash, with six drachms of acetic acid; of this a few drops is added to the suspected urine. If albumen is present, there is at once formed a distinct cloudiness, which is insoluble in excess of the solution.—Va. Med. Journal.

Painful Menstruation in Virgins.—In the Mirror of May, Dr. I. N. Love says: "There are cases of painful or difficult menstruation particularly in virgins which seriously burden the conscientious physician. Many such have come under my observation, and I have always felt that every general therapeutic means should be exhausted before local measures should be instituted; in fact, in nearly all cases special treatment should be avoided with young girls."

For about six months I have treated numerous cases of such character with Ponca Compound in tablet form. The Ponca Compound is presented to the profession by the Mellin Drug Co., a name which has been synonymous with honesty, reliablity and skill in pharmacy, for half a century. Each tablet contains: ext. Ponca, gr. 3; mitchella r., 1 gr.; caulophyllin ⅔ gr.; helonin ⅛ gr.; viburnin ⅛ gr. One tablet every 4 hours.

J. B. Lippincott Company announces in press an important work on "Regional Anatomy, in its relation to Medicine and Surgery;" by George McClellan, M. D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, Professor of Anatomy at the Pennsylvania Academy of the Fine Arts, member of the Association of American Anatomists, Academy of Natural Science, Academy of Surgery, College of Physicians, etc., of Pennsylvania, with about 100 full page fac-simile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature, to be complete in two volumes of about 250 pages each, large quarto.

The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding Anatomy, in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. I will be ready for publication on about December 1st, and the second volume is expected to appear shortly thereafter.

The work will be sold by subscription only; salesmen will begin an active canvass the coming October.

Remarkable Fecundity.—I was called to see Mrs. E. T. Page, Jan. 10th, 1890, about 4 o'clock, A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock, A. M., I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A. M. I delivered her of the second girl, after having rectified presentation which was singular, face, hands and feet, all presented, I placed in proper position, and practised "version." This child was "still-born," and after considerable effort by artificial respiration it breathed and came around "all right." The third girl was born at 11:40 A. M. This was the smallest one of

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W. R. Warner & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims:

First—W. R. Warner & Co.'s Pills, quick solubility and accuracy. Second—Reliability and permanency unsurpassed. Third—Perfection in coating, thorough composition and accurate subdivision. Fourth—Excellence in solubility of the finished product in from 4 to 6 minutes. Fifth—Quinine Pills, for accuracy in weight and purity of material. Also for Warner & Co.'s Effervescent Salts: First—Superior effervescing properties. Second—General elegance and excellence. Third—Stability of the effervescing quality sustained by critical examination. This is the 13th World's Fair Medal which attest to their superiority. Be careful to specify Warner & Co.

PARVULES

The term Parvule, from PARVUM (small), is applied to a new class of remedies (Warner & Co.'s) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sidney Ringer. M. D., in his recent works on Therapeutics, sustains this theory in a great variety of cases.

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Med. Prop.—Alterative, Purgative.

DOSE—1 to 2 every hour. Two Parvules of Calomel, taken every hour until five or six doses are administered (which will comprise but half a grain), produces an activity of the liver which will be followed by bilious dejections and beneficial effects that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

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The most useful application of this Parvule is in periodic irregularities—Dysmenorhœa and Amenorrhœa. They should be given in doses of 1 or 2 every evening at about the expected time.

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Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristalic action and relieve habitual constipation, and tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

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This will be of great use to physicians, as two parvules represent the equivalent of one drop of Fowler's Solution, so that physicians can regulate dose by giving one or more parvules every hour.

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the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M. this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth in the aggregate nineteen and and half pounds without clothing; first weighed six pounds; second five pounds, third four and a half pounds; fourth four pounds. In the country, and "backwoods" at that, it was impossible to procure a "wet nurse," so with the little help we could control, and feeding the babies on "Reed & Carnrick's Infant Food," they thrived well. From using all the foods on the market I long since found that the above food possessed some qualities that I failed to find in the others. Mrs. Page is a blonde, about 36 years old, has given birth to fourteen children, twins three times before this; one pair by her first husband. She has been married to Page three years and has had eight children in that time. I have waited on her each time.

Page is an Englishman, small, dark hair, age about 26, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children; he fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and with a long wail of despair, cried: "Lord, God, Doctor! what shall I do?"

They are in St. Joseph, Mo., now, having contracted with Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha and Nebraska City, then on to Boston, Mass., where they will spend the summer.

The birth of quadruplets is not so remarkable, but that they should live and thrive as these have done, is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M. D.'s give us their experience with quadruplets?

J. De Leon, M. D.,

Ingersoll, Texas. —*Exchange.*

DANIEL'S

TEXAS MEDICAL JOURNAL.

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SEPTICÆMIA.

BY DR. WM. BOLL, CASTROVILLE.

[Read at Quarterly Meeting West Texas District Medical Society, and voted to Daniel's Texas Medical Journal for Publication.]

WITHOUT entering into a detailed history of septicæmia, it is generally known that at the time of Hypocrates, it was distinguished as a disease originating from wounds, and characterized by a specific fever.

Injuries like lacerated wounds, compound fractures, etc., were known to be followed by inflammatory or traumatic fever, corresponding to the lesions more or less severe. As the etymology of septicæmia signifies, it means a certain condition of the blood in the system, which has been brought on by the absorption of pu-

trid or decomposing substances. It is well known that the result of a lacerated wound will always be accompanied by decomposition of those parts that have been cut off from the proper supply of blood, and that before the process of granulation appears, some of this decomposed material might be absorbed and carried on into the general circulation.

That the lymphatic vessels play an important part in taking up those deleterious substances is doubtless, but it seems that they close soon, however, after the injury has been received, and when the inflammatory new formation sets in, there are no more open lymphatic vessels. Those were at least the views about thirty years ago.

But the absorption is not connected only to the lymphatics. It has also been proved, that capillaries and veins take an important part in the process of osmosis. Their walls would be permeated by liquids, and in this way it is very possible that putrid substances in a state of solution will enter into the general circulation. It is therefore current, that even after the lymphatic vessels close up, the system may be infected (if not even during the process of granulation). There must be other causes however, to develop septicæmia, and those causes seem to play a more important part than the above mentioned. It is the introduction of living organized bodies of a very minute size in the blood, that started the so called "germ theory." The existence of micrococcus a small body of a cell shape with a nucleus in the center, and of bacteria in the shape of a rode as minute organisms have been proved by microscopic researches for twenty years past. I am not able now to follow the latest investigations that have been developed through this new science, "bacteriology," which itself is yet in its childhood; but it is doubtless to me, that the etiology of septicæmia is in close connection with it. However, it has not been proved yet, that bacteria alone without putrid substances in solution would infect the system. But it is more probable that the two causes are together, and that in fact, putrid substances are the most favorable condition for the development of the so-called microbes or protozoæ. After Kock's latest experiments with animals, it seems to be proved that after injections of putrid liquid, without the presence of bacteria, sep-

ticæmia has been developed. Those animals that died soon afterwards showed no signs of these organisms. But a certain number of them, that have been injected with only small quantities of putrid fluids, died later on, and in them bacteria seemed to appear in the course of the infection.

From the simple form of inflammatory or traumatic fever as Billroth describes it, to septicæmia is only a small step. Pyæmia, however, the absorption of pus as it means, in the circulation, is to be distinct from septicæmia, although the two diseases might co-exist and form the so-called pyo-septicæmia.

The symptoms of septicæmia will soon manifest themselves after an injury has been received or the performance of a surgical operation. They resemble very much those of an attack of remittent fever. The frequency of the pulse will rise, the tongue, lips and throat become dry, the skin feels hot, and the bodily temperature will soon commence to get higher.

The patient is apt to be apathetic, is inclined to sleep and don't like to be disturbed. He may refuse to take nourishment, but don't object to drink, when offered to him. The stomach becomes very irritable. Nausea and vomiting are therefore very frequent, and sometimes very obstinate. As soon as we examine the wound, we may find it generally in an unhealthy condition; a bad odor or other signs of putrefaction will be noticed. The skin surrounding the wound is œdematous, of yellow, bluish or even blackish color or of that bronzed tone, the forerunner of the so much threatened gangrene. The second day we find the patient with even a more frequent pulse, which already commences to lose its strength. The temperature gets even higher with only small remissions, that occur more generally in the morning. The bowels are sometimes constipated, but more frequently a diarrhœa sets in. The evacuations are highly offensive, and often very watery and thin. The abdomen might get tympanitic like in typhoid fever. The urine is very scanty, concentrated, even oppressed and often loaded with albumen and deposits. The respiration is generally rapid and superfical. The appearance of the wound and its surroundings might be changed but very little, or the signs of approaching gangrene will become more prominent.

The third and fourth day will not be much different; there might be a small fall of temperature, perspiration will be noticed, and the tongue might get a little moist. Bed sores are also apt to appear now. A slight teterus [?] is often covering the whole body, and especially marked in the conjunctivæ. Occasionally a cough sets in combined with other symptoms of bronchial catarrh. Generally on the fifth day the temperature reaches its highest point, sometimes even 106° and 107°, and is marked now by a sudden fall to the normal point or even below, a day or two afterwards. The pulse gets very high in frequency, and is hardly perceptible at the wrist. The agony of approaching death sets in, and the patient dies from collapse. This is the termination from an acute attack of septicæmia, that is brought on by injuries of large extension, as compound, comminuted fractures, involving larger joints, etc. But in milder cases, where recovery generally takes place, the fever may keep on for weeks yet, similar to cases of remittent fever. Reconvalescence may sometimes be soon established, while in other cases it will be protracted and follow a chronic course.

The diagnosis of septicæmia cannot be misrepresented, if we take in consideration, that it is only of traumatic origin and is to be differentiated from pyæmia. Septicæmia is generally initiated soon after contraction of the injury; pyæmia commences only after suppuration of the wound has set in. The former usually sets in without any chill, while pyæmia is always marked in the onset by a severe rigor, that is repeated like in intermittents. The two diseases are analogous to a case of congestive intermittents as pyæmia, and remittent fever with a tendency of typhoid condition as septicæmia. In pyæmia we always find metastatic abscesses in the various parts of the body, in the lungs, liver, kidney and brain. Serous cavities are frequently filled up with purulent deposits, and similar deposits may be found on the joints.

In septicæmia, on the contrary, the post mortem appearance gives a negative result, with the exception of condition of the blood. The prognosis is always serious, and in proportion to the extent of the injuries received, and other circumstances.

For the treatment of septicæmia prophylactic measures play

the most important role. Since Lister commenced to establish a new method for treating wounds and guide surgical procedures, based on the germ theory, many cases of septicæmia have been prevented. Antisepsis and asepsis now are recognized and adopted as safe measures to prevent septic fever. And now capital operations are performed without being followed by septicæmia. Union by first intention is now the motto in wounds made by the operative knife, where two decades ago a process of suppuration would necessarily follow. Among the antiseptic remedies, carbolic acid has been used very extensively in solutions of varying strengths, and a dressing for wounds and a general disinfectant. Bichloride of mercury also seems to be a favorite with many. Salicylic and boracic acids are also used with good results. Iodoform, iodal, carbolized iodine, thymol, salol, aristol, etc., have their advocates, and the list of antiseptic remedies is constantly augmented by chemical discoveries.

If septicæmic is already developed, we should not hesitate to use antiseptics vigorously, even if it is thought that here action would be too late. It may be so in pyæmia, but I know of a case of puerperal septic infection where antiseptic injections in the uterine cavity ameliorated the symptoms soon and saved the patient.

Antipyretics may be used internally. Quinine in combination with mineral acids seems to have a beneficial effect in some cases. Stimulants also are required, but the utmost cleanliness carried out properly in combination with antiseptics, and especially the use of sterilized water exclusively in operations like laparotomies, etc., have shown the best results so far.

Dr. B. H. Detwiler, of Williamsburg, Pa., read before the Lycoming Medical Society, recently, a paper in which he detailed at length his experience with Campho-Phenique in practice. In wounds, in ulcers, in parturition, and, in fact, in all cases where a reliable germicide and antiseptic is needed, he had the best reults, and says now that he prefers it to all others as an adjunct to treatment in all cases requiring antiseptics.

A REMARKABLE SUICIDE.

BY DR. F. S. WHITE, ASSISTANT SUPERINTENDENT STATE LUNATIC ASYLUM, TERRELL, TEXAS.

[Paper read before the Terrell Medical Society, and voted for publication in DANIEL'S TEXAS MEDICAL JOURNAL.]

J. W., male, age thirty-five, married, had been insane some seven months, and confined in the Asylum two months. His insanity was of a melancholic nature. He had the delusion that some one wanted to kill him, and that everybody was his enemy. Two weeks ago he had so far recovered that preparations were being made to send him home, but the excitement incident to going home overbalanced his mind again, and the same delusions returned and were now more intense.

On May 16th he was outside in the grounds with the other patients, when a sudden impulse to destroy himself seized him, and without any warning he ran, head foremost, against a tree from a distance of about twenty feet. He fell perfectly limp and lifeless to the ground. I saw him in about five minutes; found him wholly unconscious, pulse slow, about forty-five, respiration slowed, pupils contracted, could not swallow. Had not, up to this time, moved a single muscle since the injury.

I had him placed on a stretcher, carried to the house and placed in bed. In half an hour I again examined him; found some reaction, pulse now about fifty, and respiration fifteen; pupils not so closely contracted, some motion in upper extremities, and he could now swallow. No motion or sensation from about the sixth rib downward. Very little sensation in forearm; could not talk or answer questions intelligently. Breathing was abdominal; sensation normal in face and neck; he could move his head but complained of pain in his neck. I did not examine his neck very closely but examined the head at seat of injury and found no indication of fracture whatever. He remained unchanged for twelve hours, when there was considerable reaction; pulse increased to sixty and respiration to sixteen, pupils nearer normal

but still contracted. He could be turned in bed and seemed to rest better on his side, still, while being moved he complained of pain in his neck and back, also said he had headache. It was now found that his bladder and bowels were paralyzed; could not void his urine, and it was with great difficulty that his bowels could be made to move. The bladder was emptied with a catheter. There was no change in his condition for two days, when there was a very slight rise of temperature and his bowels acted several times. He continued in practically the same condition until the 20th, four days after the injury, when the symptoms became more grave. There were contractions of the muscles of the face and arms; breathing more rapid and pulse weaker and weaker until he died.

I proceeded to make an autopsy some eighteen hours after death. The scalp was only slightfy bruised at the seat of the injury and was normal in other respects. Skull of normal thickness and appearance. No indication on either external or internal table of any injury. The dura mater was considerably congested and adhered to the pia mater, along the course of the superior longitudinal sinus, but this was chronic and not in any way affected by the recent injury. In all other localities the dura mater was normal, with the exception of the congestion. The pia mater was considerably congested throughout, especially so at the base of the brain. There was a small blood clot just beneath the tentorium cerebelli and resting on the cerebellum. An enormous quantity of blood escaped from the sinuses. The brain was considerably congested, the puncta being well marked throughout. Normal quantity of fluid in the ventricles.

I now turned the body upon its face preparatory to examining the spinal cord. I made an incision from the first cervical vertebræ to the last lumbar, directly down to the spinous processes; disected the muscles nicely down to the laminæ on each side, and with a carpenter's joining saw I cut through the laminæ, and with a strong costatome raised off the spinous processes and exposed the cord.

I found a fracture of the fifth and sixth cervical vertebræ. The spinous process of the fifth was fractured and the laminæ and body of the sixth, the body being fractured vertically and through

the centre. The fragments of the laminæ of the fifth were pressing on the cord whose membranes were intensely congested. There was also at this point a small blood clot. The central part of this portion of the cord was found to be broken down to such an extent that it would not hold together. This condition involved about two inches of the chord. The entire cord was congested, but at the third dorsal vertebræ was found another small blood clot, and the congestion around this was more marked than at other points. There were also at a few points small inflammatory patches.

The nature and extent of this injury to the cord was such that no motor or sensory impressions could pass it; still there were nervous action and force manifested below the seat of the lesion. Now there was total paralysis of both motion and sensation in the lower extremities and partial paralysis of the upper; also some considerable impairment of the respiratory functions. The pneumogastric nerve, before its exit through the jugular foramen receives filaments from the spinal cord as low down as the sixth cervical nerve. The injury to this portion of its origin was the cause of the interference with respiration. The phrenic nerve which aids in respiration, is given off from the fourth and fifth cervical. The brachial plexus is formed from the fourth, fifth, sixth, seventh and eighth cervical and the first dorsal nerves. Now, that portion which originated in the fourth cervical was uninjured, and hence we account for the partial motion in the upper extremities.

A CASE OF PSOAS ABSCESS, MISTAKEN DURING LIFE FOR HERNIA.

REPORTED BY J. L. CUNNINGHAM, M. D., FORT WORTH.

Contributed to DANIEL'S TEXAS MEDICAL JOURNAL.

ON April 15, 18—, I was called to see a youth, seventeen years old, but small for his age. He had a sallow complexion and a general cachectic appearance. He was not confined to bed

but walked about stiffly and with an evident effort. From the sitting position he would rise to his feet with difficulty. When laid flat on his back he could not raise himself to a sitting posture, without pulling with his hands on some object, and he could not turn over on his belly. He limped on the left leg when walking and kept the left leg more or less flexed all the time. He complained of pain in the back, and had been complaining for months. Pressure on the spinous processes of the lower dorsal and upper lumbar vertebræ elicited pain, and there was a small tumor in the left inguinal region, an inch or two above the internal abdominal ring. This tumor somewhat resembled an inguinal hernia at first sight, but closer inspection showed that it was not. There was fluctuation; there was impulse on coughing; the tumor could be made to disappear by pressure, but there was no gurgling. There was no elasticity or resistance about the tumor when pressed upon, but instead, there was a boggy, yielding feel. The tumor could be made to disappear simply by elevating the pelvis, without applying pressure to the part.

The tumor did not occupy the site of either inguinal or femoral hernia, being entirely above the inguinal and femoral canals, and having no connection with either, as I examined both and found them patulous when the hernia was down.

The cachectic appearance of the patient, taken in connection with the symptoms detailed above, particularly the great length of time he had been ailing, seemed to point unerringly to some grave constitutional trouble, and led to my diagnosing spinal caries, resulting in psoas abscess.

My prognosis was unfavorable but not necessarily hopeless. I prescribed alteratives and constructives and the *prone* position in bed. I did not evacuate the pus for fear of making matters worse by lighting up a smouldering flame. I proposed to wait and watch the effects of the treatment and be guided by developments. The family, however, were not satisfied with the diagnosis,—especially the prognosis; and without my knowledge called in Doctors A and B. Having learned this incidentally I immediately repaired to the residence of the patient, and was informed by the family that what I had heard as street talk was true, viz., that Doctors A and B had been called in; that they

had condemned my diagnosis and prognosis; had instituted different treatment, and that under this new treatment the boy was rapidly improving.

I asked to be permitted to see the boy and was forthwith conducted to his room. I found him in bed, lying on his back, apparently asleep, looking more like a corpse than a living being. It was with some difficulty that he could be aroused. On applying my fingers to his wrist I counted 160 beats to the minute; pulse weak and fluttering, accompanied by a peculiar thrill that I can scarcely describe. I would here premise, that a few days previously I had read in the New Orleans Medical and Surgical Journal, a communication from Prof. Joseph Jones, in which he vividly portrayed the symptoms of heart clot, which made a profound impression on me. From the resemblance of this pulse to that described by Prof. Jones I was sure that I was in the immediate presence of a heart clot, and that the patient was in articulo mortis.

On taking up his shirt to examine the tumor, I discovered a truss adjusted to it, and was told that *the doctors had found a rupture! That they had reduced it!! and that the truss I saw was to keep it up!!! Mirabile dictu! Mirabile visu! Mirabilia!* I told them that this farce was now about played out,—that the boy was dying and that he would be a corpse before morning, and that I *insisted* on a post-mortem examination, in order that there might be no mistake when the fool-killer came around in the performance of his official duty.

Before breakfast the next morning I received a message that the boy was dead and the way clear for an autopsy. I immediately notified every doctor in the village (there being five, besides myself),—Doctors A and B included—inviting them to meet me at the residence of the late patient at a given hour. All put in an appearance, except Doctor A, and we immediately proceeded to business.

At the site of the tumor a sac was discovered, which, being punctured, discharged a large quantity of pus. The track of the abscess led across the rim of the pelvis in the course of the psoas muscles, which muscles were entirely absorbed, and the periosteum of the lumbar vertebræ, together with the lower dorsal, was

entirely destroyed, leaving the bones bare. From the place of the tumor to the last dorsal vertebræ there appeared to be a well-worn path, reminding one of the pathway leading from one ant-bed to another. The bodies of the lower dorsal and several of the lumbar vertebra were carious but no matting together, hence, thre was no spinal curvature.

Pus in small quantity was found in the descending colon. The lobes of both lungs were hepatised, and in the left venticle of the heart was found *a heart clot*, as large as a pullet's egg, entangled in the chordæ tendinæ.

The inguinal and femoral canals were normal and patulous, *i. e.*, would admit the end of the finger pressed from without.

Correspondence.

LETTER FROM LONDON--SPARKLING AND NEWSY.

No. 37 Bedford Place, Russell Square, W. C.,
London, July 30, 1890.

Editor Daniel's Texas Medical Journal:

Needing rest from professional work, I left home early in June for this English speaking metropolis, with her many old and new colleges and hospitals.

At New York I lingered a week, renewing associations of the years that have passed into the night of time and recalling memories that go back to student life under Mott (the elder), and Payne, Swett, Van Buren, Draper, and Markoe. Alas! of all this galaxy only the venerable Markoe remains. I am here reminded of a pleasant remark which came from Prof. Markoe. Meeting him at the Surgical Society I said to him that I had heard him him lecture upon bone pathology, at the University of New York, in 1855. He replied, "Doctor, you 'are mistaken." "No," said I, "often have I seen you come in with your *bag of bones*, which, perhaps, now forms part of a New York museum as specimens in pathological osteology." "Yes, yes," he said,

"I do recall the fact that I lectured on bone pathology at the University that year; but *don't* tell the girls!"

I enjoyed myself very much, socially and professionally, while in New York. And let me here remark that as good work can be found in that city as in this. Of this there is no question in my mind. And why not? While the English curriculum is long, greater care is taken in teaching, etc., and doctors are not pitched out of the college doors after so short a probation, and in such great numbers, yet, in America, I know, that we have men in the profession whose student days do not end with their college terms, but they remain students as long as in the professional harness. Such men will not be restrained by the shortcomings of teaching, but will, and do, forge to the front, attain efficiency and do as good work as men of any other country. Why not? It cannot be said that we have no native intellect; that our beautiful, healthful country with its push and vim, and freedom of thought and action make men pigmies. Away with such a paradox—such heterodoxy!

I took dinner with Prof. Gibney, and had a drive through the park with him. Gibney is one of America's foremost orthopedic surgeons, and although he has sought and enjoys a larger field for his brain and work than his home offered, the Kentucky gentleman clings to him,—he has that homelike hospitality and fondness for horses that tell of his nativity.

We spent a pleasant evening at the home of the affable Wyeth. Just now a sadness broods over his pleasant home; for at his delightful dinner table I missed a face and form, saw a vacant chair —Mrs. J. Marion Sims had died since I last sat in his dining room. The good wife, the queenly woman, rests by the side of one of the best friends of womankind, and if we measure greatness by the good that follows one's life, by the work that outlives the worker, Sims was an American genius—the greatest of American men. Here, in the old world, at every turn and corner, statues and monuments are seen perpetuating the life and example of great men. America, the Southland, the country of his birth, should to Marion Sims raise a monument so high that a star would crown its pinnacle and the sun of another world than ours illumine and reflect its glories.

I very much enjoyed the surgical work I saw in New York, done by Wyeth, Bull, Wylie, Hartly, Abbey, Gibney, Sims and others. Wyeth did a new operation, different from the procedure of Langenbeck and others, for restoring a nose which years before had been driven in at the bridge. He made a subcutaneous division of the bone down the center of the depression; then a subcutaneous division of either superior-maxilla, just avoiding the duct to the nose, then with chisel and wrapped forceps loosened the fragments he had made, elevated them with Sayer's elevator introduced into the nostrils, and fastened them while in this elevated position by passing steel spikes horizontally through them; over this antiseptic dressing. Before I left New York a good result was evident.

There was nothing new in the laparatomies I witnessed; all such operations having been done quickly and expeditiously. Two were for salpingitis, one for an ovarian cyst. In one case, operated on by Sims, there was a very clear demonstration of the condition Wylie claims to be at the bottom of all pelvic abscesses: that the abscess is due to perforation of the tube—to salpingitis.

Thiersch's operation of skin-grafting I saw done, and examined a case or so which promised good results—the operation having been performed some days before I reached New York. It is claimed by some that results cannot prove good after Thiersch's method, that there will not be stability and permanence to the graft, but that it is early destroyed by ulcerative processes even after one concludes good results are secured. The cases I saw were after removal of the breast. Taking the opinions of the many the method perhaps is not well established as a surgical procedure.

I arrived at Liverpool the Wednesday after sailing from New York upon steamship City of York, eight days on the Atlantic. The trip was fairly good, yet many of the twelve hundred passengers experienced the *Mal de Mer.* I was not sick and very much enjoyed the daily professional conversations participated in by such men as Hermann Knapp, of New York, Chisholm, and "Help for poor crippled women" H. P. C. Wilson, the jovial, kind and able gynecologist of Baltimore. Dr. H. K. Leake, of Dallas, was also with us. By way of parenthesis I must tell you

the origin of "Shirt-tail Poker." On one occasion four of the most distinguished gynecologists of America were guests of one of the above party in Baltimore. After an elegant dinner and all the toasts were passed, and all the participants had retired—at one or two a. m. a game of poker was suggested. The distinguished gentlemen herein referred to arose from their respective beds, and, all in "undress uniform," began a game which only ended with the darkness of the night. Hence, the term "Shirt-tail Poker." This information I first heard between continents—upon the wide Atlantic.

I loitered one day at Chester, visited the Castle of Westminster; the old church, built A. D. 698, during the reign of King Ethelred, the Saxon; the walls built some centuries before upon the old Roman walls; then went to Shrewsbury and saw the castle in which Falstaff fought four hours; ran down to Stafford-on-Avon, visited the house where Shakspeare was born; then the church and stood over the grave of him of whom it has been said that he was "in judgment a Newton, in intellect a Socrates, in art a Virgil. The earth covers, the people mourn, Olympus has him."

I brought away a piece of the floor over which Shakspeare walked and which was put down two hundred years before his birth. The epitaph upon his tombstone is very plain. This you recollect; and it is because of it that his bones still lie in this old church of the thirteenth century (which doubtless occupies the site of a more ancient building,) instead of being placed in Westminster Abbey.

For more than three weeks I have been in the British metropolis, and although historic in every direction; the home of kings; abounding in relics of wars which antedate the discovery of our beloved continent, that discovery commemorated by statues in gilt and marble—yet, the old and new hospitals hold the interest that attract me daily and hourly. To think that I daily walk the steps once trodden by John Hunter, Sir Astley Cooper, Abernathy, Harvey, and a host of grand old men, giants indeed in intellect, it seems that I get an inspiration at Kings, St. Bartholmew's, Guy's and other places that makes it pleasant to be here.

Since my arrival I have seen numbers of the great living men

of this largest city of the world, and have been an attentive witness at the operating table and in the hospital ward.

I have been very much pleased with many of the profession whom I have met here, and with the work they have done which has made their names household words with the profession in every civilized country. I cannot see, though, that the profession here are in advance of our best men in America. In fact, they are behind in some respects. The surgeons here are about equally divided in the use of ether and chloroform. At the Soho hospital for women I saw nitrous-oxide gas used in the beginning of anæsthesia and the influence kept up by ether. This was in the service of Dr. Harry Fenwick. In all the operations I have witnessed outside of the Royal Opthalmic, Moorfield's, I have not seen cocaine anæsthesia resorted to in a single instance. At St. Peters, for genito-urinary, the largest clinic I ever saw, I was surprised to see ether and chloroform used in cases in which we usually resort to cocaine. Much time is wasted by the non-usage of local anæsthesia, to say nothing of the difference in danger, as compared with general anæsthesia with ether and chloroform. The mixture of ether and chloroform (Vienna mixture) I saw used several times.

I was surprised to see the Simon speculum, or a short-bladed Sims used—the patient placed upon the back—in several cases of gynecology.

The use of the Esmarch bandage is obsolete here—is not being used at all; and Mr. Heath told me that he doubted if an Esmarch could be found in a London hospital. He showed me a case in the person of a girl whose knee-joint had been resected, in whom, though she had perfect recovery from the operation, paralysis was present, and this condition was considered due to the Esmarch bandage. I heard Sir Joseph Lister, Bart., say in the course of his remarks about a resection of the elbow he was then doing: "That the pressure of the Esmarch bandage upon the nerves, forcing and retaining them against the humerus, tended to induce paralysis; hence, he had discarded the appliance from his practice."

Speaking of Sir Joseph Lister reminds me of his extreme care in regard to the antiseptic procedure in all the operations I have

seen him do. We are familiar with his mode, and do in America as he does here, and as those who follow clean surgery elsewhere do. Upon the whole I do not observe as strict attention to strict antisepsis here as I did in New York. Many, like Mr. Ed. Owen, Mr. Sidney Rodgers, Mr. Fred. Trives, and others, carry out the principle to a certain degree, and do rapid work—closing wounds quickly.

At Great Ormand St. hospital I have seen Mr. Owen operate, and have gone through his surgical wards. In osteotomies he prefers the saw to the chisel, and uses Thomas' splint for fixation. I am pleased with his operation and his preferences over those of my esteemed friend Gibney, of the New York Orthopedic hospital, who seems to prefer the chisel and plaster fixation.

The disposition of the most of the surgeons here is to use drainage after operations. I noticed an exception in the practice of Mr. Barker, at University College hospital. I saw him excise hip-joint, curette the acetabulum and disease of the soft parts, wash the cavity with emulsion of iodoform and seal up thoroughly with sutures. Also saw him freely incise a psoas abscess, curette the abscess cavity, wash with emulsion of iodoform and close. He has had quite a succession of good results in a number of these formidable cases.

I brought over to this country Prof. Wyeth's method of bloodless operation at the hip-joint, which, the author thinks, will reduce the mortality to four per cent. Dr. Treves will notice this in his work on operative surgery which is being prepared for the press at this time, and which I predict will be one of the most valuable works of the kind that has been before the profession. At St. Thomas', in a hip-joint amputation, compression was done only at Poupart's ligament, and after the anterior cut through the skin and fascia was made, the femoral was isolated and tied, the soft parts divided down to the trochanter, then the gluteal and other branches tied as divided. No great amount of blood was lost.

There is a tendency here to use small instruments. Catlings are no longer used in amputations, and all small vessels are controlled as the work proceeds, thus limiting the loss of blood.

I am very much pleased with Mr. Bantock, at the Samaritan.

I have seen him in several abdominal sections. His work is nice, clean and good. I very much admire his plan of dressing the abdomen; it is novel, and I like it better than that of any operator I have seen.

Sir Spencer Wells is not doing any hospital work now, and is perhaps limiting his cases to a few a week. I called and was kindly received by this pleasant, jovial Nestor of abdominal surgeons; and hope I shall have an opportunity to see him operate before I return to America.

I am very much in love with the mode of teaching in London. It is far superior to ours, or at least to that of most of the colleges in America. There is a tendency here to very much limit didactic lectures, and to give very much more attention to clinical work.

In giving attention to internal medicine, to the skin, eye, etc., we go with the teacher through the wards, the student is brought face to face with the case, and the case is studied at the bedside. I was so much pleased with Dr. Barlow and Dr. Green in this line of work. The skin clinics are large. Eczemas, tinæ tonsurans, and lupus can certainly be thoroughly studied here. At London rodent ulcer can be produced in numbers, and the disease studied in its various stages. The same may be said of the eye. At the Royal Opthalmic hospital, Moorfield, perhaps the largest eye clinic in the world, one finds a daily feast from nine a. m. until three o'clock p. m.; case after case, operation after operation.

There seems to be a split in the profession here that will militate against the British Medical Association. It is a jealousy or like feeling, which exists between the provincial and London profession. I am almost disuaded from losing time in attending that meeting.

The French, I fear, will not support the Congress as they should—a conflicting Congress having been organized. I hope, however, to meet and see some of their best workers at Berlin—don't know how they can keep away. I find that in London the feeling is favorable to the Congress; and that many will let the British Medical Association go and attend the Congress.

In another week I shall leave for the continent. I wish to see

Pean, Doléris, and Apostoli, and to spend some days in their respective clinics. I shall visit the hospitals at Cologne; Geneva, to see Cordes; thence to Munich and Dresden, winding up at Berlin, to gain what I can with my eyes at Martin's, Von Bergmann's, and the Victoria clinics. Will return to London for three weeks study; spend a day at each hospital in Edinburgh, Glasgow and Dublin, sailing for home in September. Then a week each at New York and Philadelphia, a day in Baltimore with Dr. Chisholm and Dr. Wilson, and the Johns Hopkins, to which I have been invited; a day at the Washington hospitals, and a day at the city and the St. John's hospitals, St. Louis; then for dear home and Texas. Yours truly,

E. J. BEALL, M. D.

[Sent to Daniel's Texas Medical Journal for publication.]

THE ARCHIEVES OF THE MEDICAL DEPARTMENT OF THE C. S. ARMY.

NEW ORLEANS, LA., July 17th, 1890.

S. H. Stout, M. D., Cisco, Eastland county, Texas:

DEAR DOCTOR:—Enclosed please find a copy of my report to his Excellency, General Gordon, commanding United Confederate Veterans. This will explain the nature of the labor in which I am engaged. Can you help me? Do you still retain possession of the hospital reports of the Army of Tennessee? Upon what terms would you place these reports in my hands to aid in my Medical and Surgical History of the C. S. A.?

Will cheerfully bear all express charges. Time is short; I must complete my labors at no distant day.

Hoping you will reply to this at no distant day, I remain, with great respect, truly yours, JOSEPH JONES, M. D.

CISCO, TEXAS, July 24th, 1890.

Prof. Joseph Jones, M. D., New Orleans, Louisiana:

DEAR SIR:—Referring to yours of the 17th inst., I have to

reply that I positively decline to turn over, on any terms, even temporarily, to you or anyone else, any part of the records in my possession, of the hospital department of the Confederate Army of Tennessee, of which I was Medical Director.

Those records I had the foresight to preserve, with the intention of publishing, after the close of the war, a book or books in the interest of medical science and truthful history.

In the performance of this self-imposed task, I have been engaged for years past, as leisure, amidst the laborious and active practice of my profession, has permitted.

The hospital department, which I directed, was the largest known to have been under the directorship of any one medical officer in either the Confederate or Federal service. At one time its boundaries embraced all the territory occupied by the Confederates between the Savannah and the Mississippi rivers, save only two territorially small directorships in and around Savannah, Georgia, and Mobile, Alabama. The number of medical men, (commissioned surgeons, assistant surgeons, and contract physicians) who served under me, sums up about four hundred. Among these there were very few, if any, who did not, and, if alive, do not now feel proud of the disinterested zeal and efficiency with which they served under my directions. A roster of these, which I have preserved, comprises many names well-known to the medical world.

My high appreciation of the merits of my subordinates in the service as medical men, and of their honorable reputation wherever known, suggested to me the duty of preserving every document which could be used in after times, to illustrate their individual merits and worth, and to preserve the history of their distinguished and unselfishly rendered services.

The records in my possession now, which I have preserved and kept secure, at great cost for transportation and storage, aggregate in weight more than fifteen hundred pounds avoirdupois, and comprise the original morning, weekly and monthly reports of sick and wounded in the hospitals from which I consolidated my reports to the surgeon-general, and to the general commanding the Army of Tennessee; copies of all the general and special orders sent to me from the headquarters of the Army of Tennes-

see and from the War Department, and my own circulars and reports of medical officers, hospital stewards, detailed men, and matrons; and a vast amount of official and confidential private correspondence, relating to medical service of the department.

In addition to the above, I have documents relating to the construction of hospitals and the transportation of the sick and wounded, which are of great value, and, when published, will prove to be of interest to those engaged in military medical service.

The task of collating and publishing the above records, or such parts of them as shall be adjudged of interest to the cause of medical progress and humanity, and of value to the truthful historian, I voluntarily imposed upon myself, impelled by a sense of duty and considerations above briefly hinted at.

That you or any one else, should expect me to give away or even lend for a time, however short, all or any part of the material on which shall be based whatever publications I may make, touching the hospital department which I directed, in the light of the above statement, you must admit is unreasonable; and it would be unreasonable and unjust, not only to myself but also in a great degree a forfeiture of a trust I hold in behalf of the name and fame of the many faithful and deserving gentlemen who so cheerfully served under my direction, and have, in common with me, an honest pride in the history of the Hospital Department of the Army of Tennessee, which in many of the features of its organization and management, was unique, having no counterpart in respect to those unique features, in either the Confederate or Federal service. Neither yourself nor any other medical officer, who did not serve in the hospital department of the Confederate army and department of Tennessee, can do justice to the distinguished merits and efficient services of those who so cheerfully co-operated with me through my administration as their medical director.

I have endeavored, as briefly as possible, to be explicit, that you and all others may be informed of the grounds on which I base my refusal to grant you or them the use of the valuable records I have so carefully preserved for more than a quarter of a century, for a laudable and unselfish purpose; which purpose

would be defeated, were I to part with them before I shall have prepared for the press the naratives and statistics, whose publication I have so long had in view, and hoped to complete at no distant day.

That the information given in this correspondence may possibly reach all whom it may concern, I have taken the liberty of handing the editor of DANIEL'S TEXAS MEDICAL JOURNAL, published in Austin, a copy thereof, with the request that he insert it in his journal, call the attention of the medical and secular press throughout the South to its purport, and ask that it be copied by all newspapers and journals, a considerable moiety of whose patrons may be supposed to be interested in the subject.

Very respectfully

S. H. STOUT, A. M., M. D., LL. D.,

Ex-Surgeon and Medical Director of Hospitals of the Late Confederate Army and Department of Tennessee.

A CASE OF PSOAS ABSCESS, MISTAKEN DURING LIFE FOR HERNIA.

FORT WORTH, TEXAS, May 20th, 1890.

Editor Daniel's Texas Medical Journal:

I send for publication the enclosed manuscript. I wish to contribute my share towards tearing off the mask, under which ignorance and pretension are masquerading, in our profession, and show the people what sort of people are posing as doctors.

I think the showing will accentuate and emphasize the necessity of a law regulating the practice of medicine in connection with boards of health, as outlined by the State Association, at its last two meetings. J. L. CUNNINGHAM, M. D.

[The above accompanied the article referred to, and should have been printed in connection therewith.—ED.]

Pulverized chocolate is said to mask the taste of quinine, and is a pleasant way to administer this drug to children.

Society Notes.

OBITUARIES.

[At the recent meeting of the West Texas Medical Association at San Antonio, the following papers were read and referred to the JOURNAL for publication.—ED.]

THE LATE A. E. CAROTHERS, M. D.

A. E. Carothers was born in Carlisle, Penn., of a family of Scottish decent, in modest circumstances, but of most excellent record; his grandfather having been at Valley Forge with Washington, and two of his uncles having fallen in the war of 1812. A maternal uncle, Peter Kerr, was well known in the early annals of Texas, and survived her independence many years. Young Carothers received a good English education in the high school of his native place which enabled him to eke out his scanty means in studying for the profession he had chosen. During his boyhood he spent some time in Texas with his Uncle Peter, and accompanied the expedition of Captain, afterwards Major General Pope, in Texas and New Mexico. He returned to Pennsylvania, and early in the war was appointed, although yet an undergraduate, Assistant Surgeon of a Pennsylvania regiment. At this time party politics ran high, embittered as they were by the gigantic struggle between the North and South. Carothers was an ardent Democrat, and chastised an officer, who in his presence slandered the Democratic candidate for the gubernatorial chair of the State of Pennsylvania. For this he was dropped from the service, and most young men in his place, would have seen no other resource than to shoulder a musket. However, there was in the lad that which would not yield to the "slings and arrows of outrageous fortune," and this trait in his character we have seen well exemplified in later years. He returned to Philadelphia, graduated at the University of Pennsylvania, presented himself for examination for appointment to the Medical Staff Corps, passed, was appointed and married all within six months.

He must have stood well with the examining board, for he was immediately on his appointment assigned to duty in the hospital for wounded officers in Washington City. In that excellent school he studiously and industriously prepared himself for future excellence in his profession. At the close of the war he was ordered to Texas. Dr. Carothers arrived in San Antonio as Assistant Surgeon, Medical Staff Corps, serving with the troops which occupied the city after the close of the war in 1865, under command of General Merritt, and was shortly afterward mustered out of the service. He decided on settling, here and in 1866 was appointed on the Board of Health, and his activity and intelligent energy contributed greatly to check the epidemic of cholera which prevailed in September and October of that year. He was fast building up a good practice when in 1867 his health failed and repeated hemorrhages from the lungs, and hectic fever marked the gravity of the situation. By the advice of friends, and in full accordance with his own views he went to Saltillo, Mexico, where his health was fully re-established, and he was equal to the fatigues of a full practice. His reputation in general surgery, and more especially as a lithotomist, was wide spread on the border. He made thirty-four lithotomies with two deaths, an excellent record, many of his cases being of great interest. From one patient he removed thirty-eight calculi, of the size of a filbert, and as uniform as if they had been cast in the same mould. In his first lithotomy, done in San Antonio in 1867, he made the semi-lunar incision, adding a vertical one to make room for a calculus of greater dimensions than he had calculated on. In his subsequent operations he employed the time-honored lateral operation. In this connection I may mention a fact which deserves to be known, that in Austin, Texas, in 1867, he made a perineal section for severe cystitis of long standing, and with perfect results; this method is, as we all know, to-day universally adopted. In 1870 he made an intermediary hip joint amputation for gun-shot wound, the subject being a Mexican soldier, the result of which is best shown by the photogragh taken eighteen years after the operation. This case was published at the time in Hay's Philadelphia Journal of the Medical Sciences. In 1879 he made the first tracheloraphy done in Texas. In the same year he for the first

time in surgery placed a drainage tube in the cerebral tissues, the patient making a perfect recovery. As a New York surgeon a few years ago published a case which he claimed to be the first of the kind, I may state that in the presence of the late Dr. Gaenslen, of Dr. F. Herff and of the writer, Dr. Carothers after removing five crown heads of the trephine and removing a large splinter of bone which lay on the dura mater, finding that there was no dimunition of the profound coma which had existed for three days, diagnosed intra-meningeal pressure, and having located an abscess in the cortical tissue, proposed to open it by incision. One of the gentlemen assisting in the operation, suggested the preliminary use of the needle syringe. This was done and the presence of pus demonstrated. An incision was made, and about two drams of pus evacuated, a drainage tube inserted, the coma passing off with the removal of the pressure. The recovery was uninterrupted but for a hernia cerebri, for which the scalp flaps were securely sutured and supported by a bandage to the complete recovery of this troublesome complication.

During his stay in Mexico Dr. Carothers removed for necrocis both the superior maxillar, molar bones, and pterygoid process of the sphenoid of which I present photographs.

Dr. Carothers was gifted by nature with many qualifications which admirably fitted him for the practice of surgery, he was cool and self-reliant, possessing the assurance born of a clear knowledge of what was before him; a fair anatomist, he was prepared for any emergency; quick in perception, prompt in action, his clear intelligence was never at fault, and the writer gratefully acknowledges the able assistance, and the still more valuable counsel of our deceased colleague in many of the most important operations in surgery. It is a matter of lasting regret to his friends, and a great loss to the profession, that he abandoned medicine for other pursuits. These presented every promise of success, but unforseen disaster came upon him, and at the very moment when a new vista of most promising operations opened to him, he imprudently exposed himself in the City of Mexico after an attack of influenza, acute pneumonia set in, and after three days sickness, two of which were passed in total insensibility, he paid the last tribute which man is called upon to

offer. Peace be with him. He will long hold a large place in the memory and regrets of his friends, regrets to be in a few short weeks enhanced by the tragic fate of the son on whose career in life he had built so many hopes. Of happy temper and cheerful disposition, Dr. Carothers was a most genial companion, and made hosts of friends wherever he went. He was independent in thought, and framed his convictions for himself. In his professional capacity he never "bent the pregnant hinges of the knee that thrift might follow fawning," and he ever maintained the honor and dignity of the noble profession which he honored and illustrated by his work. Dr. Carothers was one of the founders of this Association, member of the Texas State Medical Association, and of the Philadelphia Academy of Sciences.

GEO. CUPPLES, M. D.

IN MEMORY OF DR. E. J. CAROTHERS.

Again it becomes our melancholy duty to notice the death of another member of this Association, Dr. Edward J. Carothers, which occured in Saltillo, Mexico, on the 9th day of April last, by the accidental discharge of a pistol in his own hands. Only a few days before his tragic death he was in this city amongst his friends, in splendid health, full of hope, and with the promise of long life; to-day his body fills its place in the dark chambers of the dead, and his spirit has returned to the God who gave it.

The subject of this memorial was born in Carlisle, Penn., in 1863. He graduated in medicine at the University of Pennsylvania, in 1885, and after spending about two years in this city, he removed to Saltillo, Mexico, where the early years of his boyhood were spent, and where his father had made such a brilliant reputation as a surgeon. He immediately started into a good practice, and had before him a good prospect for success and future usefulness, when he met his tragic end. Now the West Texas Medical Association, in its regular quarterly meeting, in the time set apart as the memorial hour, do make these resolutions:

WHEREAS, The members of the West Texas Medical Associa-

tion have heard with profound sorrow of the tragic death and untimely end of our Brother, Dr. E. J. Carothers, who was killed by the accidental discharge of a pistol on April 9th,

Resolved, That the West Texas Medical Association has lost a worthy member, and the profession a zealous and rising young physician, That we tender his bereaved family our heart-felt sympathy in their great affliction. That these memorial proceedings be spread on the minutes of the Association. That the Secretary be requested to furnish the family with a copy of these resolutions.

GEO. CUPPLES, M. D.,
T. R. CHEW, M. D.,
C. E. R. KING, M. D.
Committee.

THE LATE DR. E. H. TYLER, OF SAN ANTONIO.

The subject of this memorial, Dr. E. H. Tyler, was born in Owensboro, Ky., in 1851. After spending his boyhood and receiving his education in his native town, he begun the study of medicine in Bellevue Hospital Medical College, New York, and was graduated from that institution in 1878. Dr. Tyler practiced medicine a short while in St. Louis, Mo., and leaving there came to San Antonio in 1882, where he successfully engaged in the practice of his chosen profession, winning the affection and esteem of all who ceme in contact with him, and setting an example in his every day walk of life eminently worthy emulation by his surviving friends. He was an earnest and sincere Christian, and member of the First Baptist Church of this city. He was also a prominent member of the Y. M. C. A., and at one time one of the directors of the same. He served for two years —'84 and '85—as Secretary of the West Texas Medical Association, rendering his services with fidelity, punctuality and efficiency. He remained with us in San Antonio about six years, leaving in '88 to go to Buffalo Lithia Springs, Va., in search of relief from the use of the waters for diabetis insipidus, with which disease he had been suffering some time. Finding the water of not much benefit, after remaining there for about a month he left for New York, where he placed himself under the

care of Dr. Janeway for treatment. Dr. Tyler remained in New York for about three months, and receiving no permanent benefit, he returned home to Owensboro, Ky., where, being unable to engage in the practice of medicine, he took a position in an insurance office. He died at his home in Owensboro, early in April, 1890.

While we feel grieved and regret the loss of our friend, knowing it to be inevitable, we at the same time must feel grateful to know that he whose life was devoted to the relief of suffering humanity and the service of God, has received the reward of the faithful, and is happy.

GEO. CUPPLES, M. D.,
T. R. CHEW, M. D.,
C. E. R. KING, M. D.,
Committee.

RESOLUTIONS.

To the President and Members of the Delta County Medical Society, Cooper, Texas:

WHEREAS, It appears from the reports of the Terrell Medical Society, that the Texas Farm and Ranch, a secular paper, published at Dallas, Texas, has refused to publish patent medicine advertisements and testimonials; therefore be it

Resolved, That the Delta County Medical Society extend to the management of the paper a vote of thanks for the steps they have taken to discourage and put down charlatanism and quackery, and the upholding of true and scientific medicine in Texas; and be it

Resolved, That the Secretary of this Society be instructed to furnish the medical journals of Texas a copy of these resolutions for publication, and the same be spread upon the minutes of the meeting.

Respectfully,

A. J. RUSH, M. D., President.

J. A. BLACKWELL, M. D., Sec'y.

Cooper, Delta county, Texas, July 7th, 1890.

The Treatment of Phthisis by Heated Air.—In reference to this subject Dr. Dujardin Beaumetz, at a recent meeting of the Academy of Medicine, declared that it was important to remove the delusions concerning the treatment of phthisis by this means which were entertained both by the public and certain medical men. The first idea of Weigert, who championed this method in America, supposed the bacillus in the lungs could thus be destroyed. Mosso and Rondelli have shown that air inhaled even at 212° F. is not at the moment it reaches the alvioli, higher than the rectal temperature. Dr. Dujardin Beaumetz adds that the experiments carried out by him in his hospital ward had given unsatisfactory results, and concludes that the hot air treatment of such cases is positively dangerous.—*London Lancet.*

Diuretic Effects of Grapes.—Dr. Pecholier, of Montpelier, has published a note on the diuretic effects of grapes, which would appear to confirm the diuretic action of glucose recently brought to notice. In two cases, one a patient with cardic disease, and the other a subject of hepatic cirrhosis with ascites, a "grape cure" was undertaken with best results. In the former patient, notably, five pounds of grapes were ingested in three parts, and the diuresis produced was much more considerable than with milk, digitalis or iodide of potassium. This effect can only be attributed to the sugar of the juice of the grape, the other parts of the fruit having been rejected.—*London Lancet.*

Two minims of phenol to the dram of a solution of cocoaine slightly augments its anæsthetic effect, prevents decomposition, and, above all, robs the cocoaine of its toxic effect, when used locally, by coagulating the albumen and combining with the fats, forming a superficial eschar, thereby preventing its absorbtion.—*Dr. Gluck, Medical Record.*

After a large number of experiments, in Prof. Neiser's clinic, at Breslau, with various drugs, for the local treatment of acute gonorrhœa, nitrate of silver, strength from 1 in 4000 to 1 in 2000, gave the best results.—*British Medical Journal.*

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

FINANCES OF THE TEXAS STATE MEDICAL ASSOCIATION.

The by-laws of the Texas State Medical Association says "the Secretary shall keep the accounts with the members, collect all moneys due the Association, and turn it over to the Treasurer."

This requirement, so far as we are aware, has never been fulfilled. From earliest times—some nineteen years, we believe—that being the length of time that our efficient Treasurer has served the Association, the Treasurer has kept the accounts and has received all moneys due the Association. The exception has been, heretofore, that a remittance has been made to the Secretary.

When the present incumbent of the office of Secretary came into office he found the status as above—the Treasurer keeping the accounts—and he, of course, fell into the custom, reporting such funds as came into his hands, and accounting for what was expended in his office. Hence, members believing that the Secretary keeps the accounts, as required by the by-laws, hold him responsible for all errors in said accounts, and very unjustly. As to how and why the system, as obtains now, ever begun, we do not know. The by-law, requiring the Secretary to keep this

account, should be repealed,—it has never been in force and cannot be enforced;—for any member who has ever attended a meeting of the Association, will readily understand how impossible it would be for the Secretary to do what is done by the Treasurer on these occasions, especially in addition to his own arduous and absorbing work during the four days' sessions. To do so, were it possible, would practically abolish the office of Treasurer.

At the last meeting a resolution was adopted which prohibits the Secretary from sending the Transactions to those members who have not paid their dues for the current year, 1890–1. There is also a standing law which says "members in arrears for dues three years or over *shall stand suspended;* and shall be reinstated only upon paying up all arrears; in default of which they shall be dropped from the roll." This was amended by the adoption, at Dallas, in 1886, of a resolution which says "any member whose name has been dropped from the roll for non-payment of dues, may be reinstated upon the payment of $10—the amount required of new members on admission." Of course, that means, $10 in lieu of all back dues; it puts said members on a footing with new members—except he is (re-) admitted without application and reference to the Judicial Council.

After the meeting at Dallas, in 1886, sixty members were dropped from the roll for non-payment of dues. For the next four years the Secretary *did not* carry out this by-law—and none have been dropped since 1886. But after the meeting at Fort Worth it was ascertained that there were a great many who had paid nothing, absolutely, in three and four years—and that less than half of the members were paying the expenses of the Association, and that the roll was encumbered by a very large number of, practically, dead beats; it was determined to induce them to pay up, or drop them; hence, the Secretary wrote to the Treasurer for a list both of the three and four years delinquents—suspended members,—with a view of erasing their names from the roll—and a list of those in arrears for less than three years. Instead of furnishing the Secretary with such lists, the Treasurer sent up his books by express, and the Secretary made the lists for hmself. In consequence of a misunderstanding of the entries of credits made by the Treasurer, the Secretary did some mem-

bers injustice by sending them bills, in some cases, for $5 more than they owed, and bills to some others who had paid in full and held the Treasurer's receipt. Some took offense,—some,—some of the smaller and more narrow-minded,—wrote back insulting letters, but the majority simply informed the Secretary that they had Dr. Larendon's receipt and there must be some mistake.

The trouble arose in this way: When a member joins he pays an initiation fee of $5, and a year's dues, $5, in advance. At each meeting, if he pays, he keeps one year in advance, and it should so appear on the books, but it does not. For instance, a member, who, at the San Antonio meeting (1889) owed for the *past* year, 1888, and '89, and paid that, and the year ahead—$10,—the entry made by the Treasurer was, "1889—paid $10," whereas it should appear that he had paid up to and including the year ending April, 1890. Well, the Secretary, seeing the above entry, naturally supposed that this member had paid his dues only up to the year ending April, 1889! Hence, the member was notified that he owed dues from 1889 to 1891—two years. The obliging Treasurer very cheerfully acknowledges that it is his fault, and says next time he will send a list.

This explanation is made for the benefit of those, who, having paid, were subjected to the mortification of a *dun*.

The Secretary issued the following circulars:

TEXAS STATE MEDICAL ASSOCIATION,
OFFICE OF SECRETARY, AUSTIN, TEX., July 10, 1890.

DEAR DOCTOR:—Under the By-laws of the Association you stand suspended for non-payment of dues for three years. Unless remittance be made by August 15th you will be dropped from the roll and your name will not appear in the forthcoming Transactions; nor will you be entitled to receive a copy. By resolution passed at Dallas, in 1886, you can be re-instated upon the payment of TEN DOLLARS—the same amount that is paid by new members upon admittance. Remit to Dr. J. Larendon, Treasurer, Houston, or to the undersigned.

Very respectfully yours,

F. E. DANIEL, M. D., Secretary.

This circular was sent to one hundred and ten members. Up to date of going to press about ten have been re-instated.

TEXAS STATE MEDICAL ASSOCIATION,
OFFICE OF SECRETARY, AUSTIN, TEX., July 10, 1890.

DEAR DOCTOR:—You being in arrears to the Association for dues since————, by resolutions adopted at Fort Worth in April last, I am forbidden to mail you the Transactions for this year, now in press. If you wish to get the work and to "tote level" with the other members, please remit before the 15th of August, either to Dr. J. Larendon or to me.

The amount due to April, 1891 (one year required in advance) is $————

Very respectfully yours
F. E. DANIEL, M. D., Secretary.

No. 2 was sent to two hundred and fifty-six members; but, in many instances, it was an error. Suffice it to say, they are paying up, and to date some four hundred dollars of the delinquent dues has been paid; nearly or quite enough to pay for the Transactions.

In this connection we will state for the information of members, that the Transactions will not be ready before the latter part of September. The printers take the contract at the very low price that they do, with the understanding that the work can be done in the more leisure time,—other work having preference.

The JOURNAL claims some credit for the present state of the treasury; never before has it had so much money on hand after paying all claims, and it is because the JOURNAL insisted that the members be made to pay their dues, and suggested that badges and Transactions be given only to those who do pay; and it will get better still. After all the deadheads are eliminated, and a new element is added to the paying element already existing, the payment of dues each year, will be a matter of course. —We may say that this year—after paying all bills, including Transactions —there will be between $700 to $1000 in the treasury. What shall we do with it?

A solution of chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff and prevents its falling out from this cause.—*American Lancet.*

CAPITAL PUNISHMENT:—THE KEMMLER CASE.

All the world knows now the details of the execution by electricity of Wm. Kemmler in Albany, New York, on the 6th inst. it is notorious,—being the first judicial murder ever perpetrated by means of the electric current.

If the death of the criminal was the end sought, the execution was a success; for he was killed, very dead, no doubt, at the first contact; the opinion of "expert" Spitza to the contrary, notwithstanding. If a less revolting, less horrible and disgusting method of putting a man to death than by hanging was the desideratum sought in the electro killing, it was in our judgment, a lamentable failure. It was simply horrible, even in itself, as detailed in the daily press; but when are added to the account the incidents connected with the killing, the scene becomes simply revolting,—to say nothing of the refinement of cruelty in keeping the wretch in the dreadful suspense and uncertainity as to when he was to be killed,—the leaving of the hour to the warden's selection at any time between the limits of a week. To—

> "Sit in solemn silence in a dull dark dock
> In a pestilential prison with a life long-lock
> Awaiting the sensation of a short sharp shock,"

as Sullivan and Gibert put it, in Mikado, is distressing enough; but to know that that "sensation," which shall terminate his life, is to occur at some time between Sunday morning and Saturday night, to realize that he may be called to death at any moment, night or day—is, as said, simply the very essence and refinement of torture. All things combined to render this execution—if the bungling murder of that unfortunate wretch could be dignified with the name, the most horrible in the annals of crime. First the cool, unconcerned manner of the condemned, which was neither stoicism nor bravado, but which seemed to be a dulled intellect rendered, in mercy, incapable of comprehending the fearful situation, notwithstanding that the certainty of death, without the shadow of a hope of escape or reprieve, must have occupied his

mind; the deliberate fixation in the dreadful chair, the *sang froid* with which the culprit assisted; but after contact and the passage of the 1000 volts through his frame for seventeen seconds, which must have killed him instantly, came the climax of the horrors. As might have been anticipated, there was muscular contraction of the walls of the thorax, and with the escape of the residual air of the lungs, as we take it to have been, there was froth oozing from the mouth of the corpse. Instantly, Spitza lost his head and screamed "turn on the current, this man is not dead!" Whereupon, after a delay of minutes, which to the frightened lookers-on seemed months, the lever was turned, the circuit completed, and the current passed through the corpse some three minutes more, and until the skin at points of contact with the electrodes was burned, emitting the dreadful stench of burning flesh! Could anything have been more revolting? And, in perfectly cold blood! The whole party must have felt like a lot of murderers, who, having sand-bagged an inoffensive (to them) victim, and seeing signs of returning consciousness, as they ignorantly supposed, called out "hit him again, he isn't dead yet!"

There is no justification of murder. A homicide in hot blood, the killing of a human being when one is laboring under some strong emotion, some sense of great wrong, is sometimes pardonable; but to deliberately put to death a human being with the utmost careful forethought as to every detail, is something of which it would seem the human heart would be incapable.

If murder be wrong, how can two murders be right? What right has the State to commit murder more than an individual? for every execution is a murder, if not with "malice" certainly with intention, deliberately "aforethought;" and the judicial murder is always, for that reason, the most atrocious of the two.

Capital punishment is a remnant of our barbarism,—almost the sole remaining one, and should be abolished. Every consideration of justice, morality, humanity and civilization demand it. It is to be condemned on every head. Morally, (?) it is a failure, if the excuse be that it is intended to diminish crime, to awe evil doers and restrain them from violence; for statistics show that in those States where capital punishment is inflicted for murder, crime is not on the decrease, rather, on the increase,

if we are not mistaken, and instances have been known where an execution has seemed to act as a suggestion to crime. A case of brutal murder was committed in Mississippi, by a negro who had recently witnessed the hanging of another negro of his acquaintance.

The many chances to escape punishment, too, offered by the "law's delays," conspire to render evil-disposed persons very indifferent to the death sentence.

Economically considered, every execution of an adult male robs the State of an equivalent of about $1000 a year. Statisticians place each man's money value, we believe, at about that figure. On the score of economy, then, leaving every other consideration out of sight, it would be far better to imprison the murderer for life, and put him to work for the benefit of that world which he has outraged and forfeited.

We agree with our able contemporary of the *New York Medical Record* that the time is now ripe for a crusade looking to the abolishment of capital punishment. In speaking of the Kemmler murder, the *Record* says: "The death chair in which Kemmler expiated his crime may yet be the pulpit from which will be preached the doctrine of abolition of capital punishment." God grant it, and may it soon begin. There is no justification for either hanging, shooting, or otherwise deliberately putting to death one who has offended the laws of the State. Under the old Mosaic dispensation, "an eye for an eye, a tooth for a tooth and a life for a life," was a law rendered necessary perhaps by the then want of civilization; but in this nineteenth century—a time of advanced civilization, of civil and religious liberty, of great humanity—capital punishment is a blot and stain on the escutcheon of any civilized government.

But, as to the question whether electrothanasia is preferable to death by the rope, since the death penalty must be inflicted, it strikes us that, if properly managed, electro-execution could be made to rob the occasion of most that is revolting; but a repetition of the Albany cruelty—a farce but for its horrors—we believe would arouse the indignation of the people to the point of demanding the repeal of the law.

NOTICE.

TO THE MEDICAL OFFICERS, ETC., OF THE HOSPITAL DEPARTMENT OF THE LATE CONFEDERATE ARMY AND DEPARTMENT OF TENNESSEE.

Ex-Confederate surgeons, contract physicians, hospital stewards, matrons, and detailed men, who served honorably in the hospital department of the late Confederate Army of Tennessee, under the direction of Dr. S. H. Stout, now residing in Cisco, Texas, are requested to inform him of their present postoffice address. Widows, and nearest of kin of deceased parties above enumerated, are also requested to communicate their postoffice address. Dr. Stout wishes to communicate with them in reference to the preservation of the history of the aforesaid hospital department.

Medical journals and secular newspapers, feeling an interest in the history of the medical service in the late Confederate armies, are requested to copy the above.

Medical News and Miscellany

Dr. F. H. Tucker, of San Augustine, is convalescent from a severe illness.

Pilocarpine, hypodermically administered, has recently been used with success in cases of chronic articular rheumatism.

Dr. C. T. Cooper, who removed from Lilac, Texas, to Boone, Iowa, last September, has returned to Texas and located at Taylor.

Dr. W.P. Markham has removed from Decatur to Denison. Also Dr. W. S. Nobles from Collinsville to Denison. The latter is associated with Dr. Nagle in a special practice.

Dr. A. S. McDaniel, formerly of Columbus, Texas, has taken an *ad eundem* degree at Bellvue, and has located at San Antonio.

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Our frend Dr. L. B. Creath has pulled up stakes at Kinneyville, and is traveling over the State in search of a better location.

Dr. Charles M. Harrison has removed from El Paso to Tampico, Mexico. He sends three years subscription to the JOURNAL, from the land of the Montezumas.

Eight thousand physicians attended the Berlin International Medical Congress. Think of 8000 doctors—of many different nationalities—and perhaps all talking at once! Babel was nothing in comparison.

Dr. D. C. Jones has removed from Calvert to Waco. Waco seems to be absorbing all the medical men in that section, as we have noted the removal of some half a dozen or more physicians to that city recently, from the central part of the State.

Removals.—Dr. A. Sims has removed from McKinney to Weatherford.

Dr. A. D. Borroughs has removed from Lovelady to Houston.

Dr. D. B. McGee has removed from May to Brownwood.

State Health Officer Rutherford has made a tour of inspection on the Mexican frontier and in eastern Mexico, and says the reports of small-pox are greatly exaggerated, and that he has an efficient *cordon sanitaire* along the border, which will surely prevent an invasion of Texas soil.

Shrady the Wise.—The New York *Medical Record*, in an editorial on the recent Medical Congress at Berlin, says that "only those who have an axe to grind, or those little fellows who do so love to rub up against the big fellows, ever attend medical congresses: the wise men stay at home." Shrady staid at home,—*ergo*—.

Dr. W. A. Morris, a venerable and beloved physician of Austin, is convalescent from a spell of dysentery, complicated in its course with peritonitis—in which, at one time, his life was despaired of. He sank and was thought to be dying—being profoundly unconscious; but he was resuscitated by means of a galvanic battery.

The Medical Archives of the C. S. Army.—Attention is called to the correspondence between ex-Medical Director Stout, C. S. A., and Prof. Joseph Jones, of New Orleans, published elsewhere in this issue. Newspapers friendly to the cause will render a service to ex-Confederate surgeons and the public by copying the letters.

Col. J. H. Baxter, Chief Medical Purveyor U. S. A., has been appointed Surgeon-General with the rank of Brigade-General. We forgive all of Mr. Harrison's mistakes in consideration of his having the good sense to recognize the eminent fitness and just claims of Dr. Baxter for this high office. The Doctor has the JOURNAL'S sincere congratulations.

Rembrandt's Anatomical Lesson.—We have received from the Cincinnati Gravure Company a handsome engraving with the above title. It is announced as "the Physicians' and Surgeons' picture, *par excellence;*" price by mail, post-paid, $2. It is printed on heavy plate paper. Size 22x28 inches. With India tint borders and enbossed title. It is a very handsome and highly artistic piece, and the JOURNAL highly appreciates it as a present.

The Ashville Medical Review is the name of a new journal, to be issued at Ashville, N. C., on the 15th inst., and monthly thereafter. Drs. Frank T. Merriweather and H. Longstreet Taylor are the editors and publishers. Subscription price $2 a year. The object of its publication, as anounced, is to keep the medical profession informed of "the advantages and climate" of Ashville as a health resort, "from a scientific standpoint." We wish the *Review* success.

The Austin Distrtict Medical Society.—This flourishing Society will hold its next regular meeting on the 25th of September. A good programme has been prepared, and a full attendance is expected. The following papers have been announced: "Traumatic Tetanus," "Eclampsia," "The Treatment of Epithelioma of Face with Caustics," "Some of the Delusions of the Insane," "Antipyretics," and the Presidential address. Officers will be elected at this meeting for the ensuing year. Every regular physician accessible to Austin is invited to be present and take part in the proceedings.

Creosote in Diabetes.—Two cases of diabetes have been treated with excellent results by Valentini by means of creosote administered internally. In one case four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when he began to eat starchy food. The other patient was given six drops per diem, and did equally well.—*Lancet, in St. Joseph Med. Herald.*

C. L. Hall, M. D., of Marshall, Mo., in the *St. Joseph Medical Herald*, calls attention to the following prescription as an efficient remedy in nasal catarrh:

℞	Resorcin	gr. xxv.
	Aquæ	q. s.
	Menthol	gr. iii–v.
	Vaselene Alba.	℥ i.
	M. ft. mist.	

Sig.: Use with an Aloe's ointment atomizer.

Loco-Weed.—Mary Gage Day, M. D., of Wichita, Kan., in the *New York Medical Journal* of Nov. 30, 1889, gave a process by which she has separated crystals of microscopic size, blue-white in color, and of a variety of forms. The most characteristic are slender and pointed, arranged in rosettes or grouped in various ways. These crystals are soluble in water and very dilute alcohol, very sparingly soluble in strong alcohol, and not at all soluble in chloroform or ether.

A small amount of these crystals were fed to a cat, and produced the characteristic poisonous symptoms,—sleepiness, loss of appetite, retching, diarrhœa, etc.

The process of separating the crystals is as follows: The roots, stems, and leaves, gathered in the autumn, were boiled ten hours, strained, and the decoction concentrated to a syrup, poured, while hot, into a hot flask, corked, and set away. At the end of ten days the syrup had separated into two layers, the upper, a blackish liquid, the lower, a brownish sediment. The liquid was poured into a flask and covered with six times its volume of very dilute alcohol (30%), corked, and let stand for three days; agitated occasionally; then filtered, and the filtrate slowly evaporated in the air, when crystals formed. It was found important not to hurry the evaporation, for, when this was done, the crystals did not form.

Abortion of Fœtuses Retained in the Uterus Seven Months—Dr. E. J. Kempf, Jasper, Ind., in *The North Carolina Medical Journal* for July, 1890, reports an interesting case of twin fœtuses that remained dead in the uterus about seven months. Patient missed the first time in April. She saw nothing until August, when she fell and hurt herself. There was a little flow at the time which continued to recur about the 25th of each month until February. The patient had considered herself pregnant up to August, when the menses began. The patient was advised to take good care of herself, keep the bowels open and wait for developments, as there was no urgent indications for interference. Finally, after taking 1-5 grain of aloin and 1-30 grain strychnine for constipation, a bag of water containing two fœtuses escaped intact—*not a drop of blood.* No irrigation employed. Patient made a rapid and perfect recovery.

This case illustrates the point that one should not be too hasty in interference as long as there are no symptoms demanding that something be done.

Treatment of Peritonitis.—Lanphear, of Kansas City, in an article (*Medical Review*, July 12, 1890) favoring the cathartic treatment of peritonitis, says that opium possesses, really, but

little curative power over the inflammatory process; that it retains within the bowels irritating fæcal matter that can but increase the trouble; that by completely checking peristaltic movements it leads to the formation of adhesions; that it stops excretion and so prohibits the elimination of the poisonous products of inflammation; and that by benumbing sensibility it gives the physician a feeling of (false) security, which is undesirable. Upon the contrary, the administration of the saline cathartic has the power of arresting the disease if given in the stage of invasion; here the peritoneum is simply congested, or just taking on an inflammatory action—the pain is not very severe, the abdomen is not greatly distended, the fever is not high; but the physician is called, recognizes the danger, and immediately gives the saline. If it be the initial stage of a simple peritonitis, if it be the beginning of a puerperal peritonitis, or if it be the sthenic stage of a septic peritonitis, the indication for the cathartic is clear: in either instance the blood vessels are turgid with blood—the circulation impeded; the taking away of a considerable amount of serum from the abdominal viscera must profoundly affect the peritoneal circulation and assist in restoring the normal state. Besides, the active peristaltic action prevents the formation of bands and adhesions if the inflammation goes on; and experience at the bedside demonstrates that as the inflamed surface is relieved from engorgement by the emptying of the intestinal vessels, the temperature and the pulse rapidly decline, while the pain disappears almost as speedily as under opium. If the disease has gone on to the second stage where the fever is high, the pain intense, the tympanites marked and the pulse rapid and wiry, cathartics are not so strongly indicated, though small doses of sulphate of magnesia and tincture of belladonna may often be given with advantage; here the danger is collapse, and as vital force must be conserved, violent purgation is not justifiable, and opium must be given—not to check peristalsis, nor to "put the bowels in splints," but to deaden the pain in the many terminal nerves of the peritoneum, to sustain the heart and to prevent shock. The bowel must be kept free from irritating fæcal matter, by enemata if possible, by a good cathartic if necessary; tympanites must be controlled by turpentine, either in-

ternally or by stupes; and the strength must be maintained by milk, whisky, etc. His conclusions are:

1. The saline treatment should be adopted early in simple, acute peritonitis.

2. Small doses of calomel may be given to mild purgation in cases seen after the disease is fully developed.

3. Cases which fail to be relieved by cathartic measures should receive early operative interference.

4. Whenever peritonitis has gone on to that stage where the formation of pus is known, or even suspected, to have taken place, abdominal section and drainage are imperatively indicated.

5. When the existence of tubercular peritonitis is diagnosticated, or strongly suspected, operation (exploring incision) is justifiable.

6. Opium is only indicated in the second stage of peritonitis, and then not because it "forms a splint," but because it relieves pain, sustains the heart and prevents shock—thus combatting the tendency to death.

Book Notices.

THE PRACTICAL APPLICATION OF ELECTRICITY IN MEDICINE AND SURGEY. By J. A. Liebig, Jr., Ph. D., and Geo. H. Rohé, M. D. Profusely illustrated; 333 pages. F. E. Davis, publisher. Price $2, net.

A book of great value to all who would practice the electro-therapeutic art. It is eminently practical and devoid of all theory except that demanded by way of explanation. Part I. treats in a concise manner of the fundamental laws of electricity and magnetism, and decribes the various batteries and cells. Part II. of electro-physiology and diagnosis, with full descriptions of electro-medical batteries. Part III. of the general therapeutic effects of electricity and methods of application and special electro-therapeutics. Altogether the book is an intelligent account of the science of electricity and a trustworthy guide to its application.

B. F. C.

AN OPEN LETTER TO THE MEDICAL PROFESSION

The Infant Food Problem Solved.

NEW YORK, May 1, 1890.

The Annual of the Universal Medical Sciences for 1889 says: "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk to approximate the latter closely should be made entirely from cow's milk, without the addition of any ingredient not derived from milk."

"But not alone do we demand that these Milk Foods contain the equivalent of the solids in human milk, and especially of the albuminoids derived from milk, but that the latter be gathered with the utmost care from properly fed animals, transported with the least possible jolting to the factory, maintained during its transit at a low temperature, then transferred to an apparatus for sterilization, and immediately after the latter has been accomplished reduced to the dry state, in order to prevent the formation of those organisms which Loeffer, Pasteur, and Lester have found to develop in fluid milk after boiling under an alkaline reaction. If such a preparation is put into air-tight and sterilized jars, all will have been accomplished that can be done to render the food sterile, and thus fulfill the chief indications in the prevention of the most serious gastro-intestinal derangements."

"Such a food, too, would have the advantage of being easily and rapidly prepared by addition of sterilized water, affording an altogether sterilized food."

To the *Medical Profession* at large, we submit for examination and trial the perfected Milk Food known as LACTO-PREPARATA. We claim that LACTO-PREPARATA is an *ideal Infant Food*, and that it fulfills the above requirements in every particular, except the partial substitution of cocoa-butter for unstable milk-fat. This substitution was made by advice of Prof. Attfield, London, who made extensive tests of its food value and digestibility in the London Hospitals for Infants.

LACTO-PREPARATA is made from cow's milk evaporated in vacuo a few hours after it leaves the udder. In order to have the product correspond in composition with breast-milk, sufficient milk-sugar is added to bring up the carbohydrates and reduce the albuminoids to a proper proportion (17 per cent). The casein is partially predigested (30 per cent), and the remaining portion is rendered like human milk in character and digestibility. The ingredients are perfectly sterilized and placed in hermetically sealed cans; the powdering, bolting, and canning are done in an air-tight room, all air entering and leaving this room is forced by a blower through heavy layers of cotton. Lacto-Preparata is adapted more especially to infants from birth to six months of age; *and by the addition of water alone represents almost perfectly human milk in taste, composition, and digestibility.*

Another product of our laboratory which has been before the profession a number of years is CARNRICK'S SOLUBLE FOOD, which, as now prepared and perfected, contains 37½ per cent. of the solid constituents of milk, 37½ per cent of wheat with the starch converted into dextrine and soluble starch, and 25 per cent additional milk-sugar. For infants over six months of age it is perfect in every respect; for infants younger than this, LACTO-PREPARATA is more suitable, although *Soluble Food* has also been used largely from birth with the most satisfactory results.

Samples will be sent prepaid, also pamphlet giving detailed description.

REED & CARNRICK,

NEW YORK.

Facts about Campho-Phenique.

Campho-Phenique in Diseases of Women.

Dr. Walter B. Dorsett, Superintendent Female Hospital, St. Louis, says: As a local germicide, applied to the cervical canal in early cases of gonorrhœa in women, Campho-Phenique prevents endometritis and salphyngitis, and when used upon open chancroidal buboes, it promotes early granulation and healing.

Dr. P. P. Price, Professor Clinical Gynecology, Urinary and Rectal Diseases Electric Medical College, Cincinnati, writes: Having used Campho-Phenique with wonderful success in my practice for the past year in the treatment of rectal, vaginal and uterine diseases, I deem it but just to you that I give this expression of my gratitude for the great benefits derived from so valuable a remedy as Campho-Phenique. I regard it as a powerful antiseptic and local anæsthetic.

Dr. Walter Coles, late President St. Louis Obstetrical Society, writes: I am much pleased with Campho-Phenique. Its property of obtunding pain, in conjunction with its antiseptic and local alterative effects, renders it an admirable agent, when applied undiluted, in the treatment of erosions about the os uteri, and chronic ulcers and fissures of the anus. Mixed with vaseline it may be applied as a permanent dressing on absorbent cotton. Diluted with vaseline or lanoline it is an efficient and agreeable application in many skin diseases.

Dr. D. C. Knott, Argos, Ind., writes: Campho-Phenique is superior to any application I have ever used in the treatment of obstinate cases of ulceration of the os uteri; in fact, it is the only agent I have ever found that would cure such cases. Two cases were of two years standing and had resisted the most skillful treatment. Each was healed nicely with Campho Phenique, and the patients relieved of what had been a loathsome disease.

Campho-Phenique in Surgical Practice.

Dr. W. H. Grayson, Surgeon to St. Mark's Railroad Hospital, Venice, Ills., says: I have used Campho Phenique in all sorts of surgical procedures and believe it to be the best antiseptic known. I find it non-irritating, non-poisonous and highly germicidal. It corrects offensive odors and facilitates healing. In a word, Campho-Phenique is the only antiseptic agent I am acquainted with that possesses all the good qualities without any of the bad. It is the remedy par excellence in erysipelatous affections.

Campho-Phenique in General Practice.

Dr. S. T. Yount, President Indiana State Medical Society, writes: I have given Campho-Phenique a careful and thorough trial in a great variety of cases, and find it better than any known remedy I have heretofore used. I have treated two cases of empyema with the most satisfactory results by the use of your remedy. I can cheerfully endorse it as the best antiseptic, germicide and disinfectant now in the market, and also can recommend it to the general practitioner as the very thing he needs for the various wounds, sores and injuries he may ba called upon to treat.

A HANDBOOK OF DERMATOLOGY.—For the Use of Students. By A. H. Ohmann-Dumesnil, A.M., M. D., Professor of Dermatology in the St. Louis College of Physicians and Surgeons, etc. Illustrated, 160 pages. St. Louis: St. Louis Medical and Surgical Publishing Co.

This small hand-book is intended as a guide to students in their reading, especially those attending lectures at the St. Louis College of Physicians and Surgeons. It is a succinct practical little hand-book. B.

Publisher's Notes.

For Pruritus anywhere. Campho-Phenique applied locally is good, but, Dr. Joseph M. Matthews, of Louisville, says, for that soul-harrowing, itching of the arms, which sometimes accompanies piles, Campho-Phenique is efficient,—magical.—*From the Medical Mirror of July.*

Sharp & Dohme have put on the market a new preparation of Ergot called "Ergotole," a fluid for hypodermic use, which represents 2½ grains of best Spanish Ergot to each minim of the fluid. Attention is called to their new and handsome advertisement occupying our front cover, half page.

Types of Successful Men of Texas. Mr. L. E. Daniell, publisher of this work, wishes to notify subscribers and others that the work is now finished and in the bindery. It will be ready for delivery within a week or ten days. It is a very handsome book of 850 pages and has 112 portraits of prominent Texans.

G. W. Watts, M. D., Auxvasse, Mo., says: "I find Celerina very useful in cases of old persons, whose digestive powers are failing, and in the convalescing period of those old persons from acute diseases, such as pneumonia, bronchitis, gastro-enteric troubles, etc. In two cases recently treated of this kind Celerina

seemed to restore both the nervous and digestive system. Both of these cases were very old persons; they are now apparently well.

Feick Brothers' Catalogue of Surgical Instruments is received. It is a handsome octavo volume, of some 350 pages, profusely illustrated with good cuts of every kind of instrument and surgical appliance, with description. It is bound in neat and substantial cloth binding, and will last a life-time. A copy will be sent free, on application, to any Texas physician, if this journal is mentioned. Address Feick Bros., Pittsburg, Penn. Attention is called to their new advertisement, in this issue, of the new antiseptic pocket cases. They are excellent.

We desire to call the especial attention of our readers to the reliable preparations of the Chas. H. Phillips Chemical Co., whose advertisement appears on insert page.

The chemical advantages of their Wheat Phosphates have been thoroughly demonstrated in the treatment of nervous affections all over this country in the last few years.

This preparation furnishes you the same chemical form of phosphatics which you find in organized nature, both animal and vegetable, in contradistinction to the inorganic hypophosphites. Besides being the same form, it is the same proportion, found in food, (wheat) readily appropriated, and with all, very agreeable to the palate.

Listerine.—*The British Medical Journal* of May 3, 1890, says: "We have received * * a specimen of a preparation manufactured by the Lambert Pharmacal Company, St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and bezoboracic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant

preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.—*Oriental Medical Times, June, 1890.*

The August number of the *Jenness-Miller Magazine* is unusually full of interesting and valuable matter. The Physical Culture article leads, as usual, in interest, and it is followed by a valuable paper by the Countess de Montaigu upon "Watering-Place Introductions and Country-House Etiquette." A story with an unusual plot is contributed by John L. Heaton, and the experiences of "A Girl Student in Paris" are continued with no abatement of interest. Miss Florence Spofford continues her talks upon "Washington Customs." An able paper by Kate Kauffman discusses "Varying Types of Beauty," and Laura Giddings presents some excellent ideas under the title of "The Old and New Methods of Education." A most valuable article on jewels is signed Charles Blanc, and the serial being written by Annie Jenness-Miller enters into a discussion of marriage and divorce at once original and logical. A graceful poem by Mabel Hayden, the usual fascinating talk about Dress, Editorials, and Book Notices, complete the August issue of this popular publication. Address THE JENNESS-MILLER PUB. Co., 363 Fifth Ave., New York.

Character of Commendation.—The subject of utrine diseases reminds me that during the past six months I have had my attention drawn to to a remedy which goes under the name of DIOVIBURNIA, the formula of which is given by the proprietors, it being composed of equal parts of the fluid extract of viburnum prgnifolium, viburnum opulus, dioscorea villossa, aletris farinosa, helonias dioica, mitchella repens, caulophyllum thalictroides, scutellaria lateriflora, (each fluid ounce contains ¾ dram each of the fluid extract).

The proper dose is, for adults, from a dessert spoon to a tablespoonful three times daily after meals.

In urgent cases with much pain it should be given every hour or two in a half glass of hot water. I am free to say that with the exception of the "black haw," (a most valuable remedy), I was not familiar with the component parts of DIOVIBURNIA, but having read the emphatic endorsement by Drs. J. B. Johnson and L. Ch. Boislinier, of St. Louis, two of the most eminent professors and practitioners of the city, as well as that of Dr. H. Tuholske, I was induced to give the compound a fair and thorough trial, and I am convinced that in DIOVIBURNIA we have a valuable addition to our armamentarium in our battle against the enemies of the noblest work of God—Woman.—*Medical Mirror.*

The Heat and its Effects.—Reports of sunstroke are usually of the heat effects on adults, while the direct and indirect effects on the infant population are many times as great. Too often their main nutrient, milk, has become tainted or poisoned from the absorption of germs and gases, making of it a dangerous article of food, and productive of summer enteritis, or other trouble that leads to a fatal termination.

In cases of looseness of the bowels, a few doses of the ordinary chalk mixture will usually furnish the desired relief. This should be given in tablespoonful doses, and after every stool. Where there is a weakening of vitality, with very great propriety and advantage teaspoonful doses of Maltine may be added to the sterilized milk; the diastatic power of Maltine being capable of rendering soluble and digestible any starchy food that may be in the stomach. Starch food, such as Irish potatoes and breads, have often been regarded as the immediate and irritating cause of infantile and enteric disorders. In part this may be true, and yet these starch foods were the very ones the lacteals and absorbents were crying for, and needed to stay the waste that was going on with fatal rapidity.

Right here the inestimable value of Maltine, with its diastatic solvent properties, is quickly made manifest in changing the character of the discharges, and causing an irritant factor to become one of nutrition; given in sterilized milk the benefit of both is obtained.—*Lancet and Clinic, Cincinnati, Ohio.*

DANIEL'S

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For Daniel's Texas Medical Journal.

CYSTIC TUMORS OF THE INFERIOR MAXILLA.

BY W. B. ROGERS, M. D.,

Professor Principles and Practice of Surgery and Clinical Surgery, in Memphis Hospital Medical College.

EXCLUDING cysts occurring secondarily in tumors found in this bone, the inferior maxilla presents us two varieties of cystic growths: first, cysts occurring in connection with teeth; second, cysts not connected with the teeth and finding origin in the bone proper. Cysts in connection with the teeth are,

[This article appears simultaneously in Memphis Journal Medical Science. —ED.]

1st—polyp like, attached to the roots of "cut" or fully developed teeth.

2d —dentigerous cysts, dependent upon the presence of "uncut" teeth.

It would seem not an uncommon occurrence among dental surgeons of experience, to find small cysts attached to roots of teeth after extraction. These cysts contain a mucus-like substance, and sometimes pus. When small, their very existence is not susceptible of being diagnosed prior to extraction of the teeth; occasionally, however, one of these cysts so enlarges as to form a veritable maxillary growth demanding treatment. Even in such instances, as the tumor requiring the attention of a surgeon, there is no point diagnostic between this and other cysts occurring in this bone. It is only by exclusion, and after incision and exploration, that the nature of such a cyst can be determined.

According to Mr. Heath, these cysts lie beneath the periosteum of the tooth fang; but no hint of the cause of origin have I been able to find.

DENTIGEROUS CYSTS

Are cysts occurring in the *maxillary bones*, and depend for their origin and existence upon an "uncut" tooth—one that has failed to present its crown through the mucous covering of the gum, by reason of having taken primarily an abnormal direction, or, having primarily been too deep placed in the bone, or lastly, because of a want of development in the fang. This "uncut" tooth (or mayhaps teeth), is always to be found in the dentigerous cyst, which contains besides the tooth a fluid of serous nature, but which may sometimes be mixed with pus by reason of inflammatory changes in the cyst wall. The cyst wall is a tough, fibrous membrane, lined by epithelium, and is natural to the part. It is the sac in which the tooth grows until it reaches the surface of the gum. This sac, by reason of irritation from the retained tooth, becomes hypertrophied, there is an increase of secretion from its epithelial-lined surface, and thus we have a tumor—a cyst due to effusion, differing from the variety of cystic

growths which we come next to consider, and which are adventitious cysts.

CYSTIC TUMORS.

This term, without a qualifying adjective, seems by common consent to be applied to that class of tumors occurring in the maxillary bones and composed of sometimes a single cyst, and at other times many cysts, finding origin in the substance of the bone and not dependent upon any aberration in dentition. They are not cysts due to retention, nor are they cysts dependent on effusion into a sac natural to the part, but are purely new-formed, adventitious cysts. I find several surgical writers describing this affection as cystic disease of the bone because of the fact that the entire body to the bone, and even the rami, may be affected or included in one of these multilocular cysts.

The disease begins at some one point and gradually extends, in some instances throughout the bone; in others it confines itself to a segment which continues to grow while the remaining bone shows no tendency to become affected. It has been my province to remove three of these multilocular cysts, to which Gross applies the term "compound cystic tumor," to distinguish from those composed of a single sac. As my observation goes, these tumors occur later in life than do dentigerous cysts; they are of slow growth, and show little if any tendency to impair the health. In one instance I saw glandular enlargement in the submaxillary region, and there were several loculi of the tumor filled with brain-like matter. I rather feared encephaloid disease had sprung up in the growth, and that it would show itself soon in the enlarged glands, but three years after removal of nearly half the lower jaw (with tumor), the patient was in the best of health, with no evidence of malignant disease.

A section of one of these tumors will show the body of the bone expanded, the internal and external plates of compact tissue greatly thinned and crackling like parchment under palpation; the cancellous tissue will have disappeared, and its place be occupied by a single large cavity or fibrous sac, containing fluid, serous in character, or if it be a multilocular cystic growth, there will be many partitions giving many loculi lined by fibrous,

epithelial-covered membranes. The fluid of these sacs varies from clear, egg albumen to dirty brown and even black, blood-stained, watery fluid—and again it is thick and encephaloid-like.

DIAGNOSIS.

Cystic tumors of the inferior maxilla are by no means of rare occurrence, and whatever be their several sources of origin, they present some features in common, namely: slowness in growth, absence of severe pain, absence of glandular involvement, with no constitutional impairment except as attends on any tumor interfering mechanically with mastication and deglutination. There need be little or no difficulty in deciding on the cystic nature of these tumors. The exploring needle will detect the cavity.

1st. Cysts attached to *roots of teeth* can only be diagnosed *in situ* after incision, and are of extremely rare surgical importance.

2d. Dentigerous cysts usually attend on second dentition, rarely in connection with milk teeth, and still more infrequently have they been found with supernumerary teeth. It is only in the comparative early stages of growth of a dentigerous cyst, before it has by increase of size involved the sites of many teeth, besides invading the body of the bone, before the patient's memory has become clouded as to the exact point at which "the swelling was first noticed," before all normal landmarks have changed or passed away, that a diagnosis is at all easily arrived at. Later than this, when the tumor is large and definite information concerning missing teeth is unobtainable, there are few if any points of diagnostic value; nothing short of incision will tell the nature of the tumor. The leading point in a positive diagnosis is the fact that some one tooth (or teeth) which should be present, and that, too, at the site of the tumor, has never shown itself.

3d. Cystic tumor, simple or compound. Instead of the continued non-appearance of some tooth, we usually find that one or two aching permanent teeth preceded the appearance of this tumor, and to the irritation caused by presence of these bad teeth the growth is usually attributed, and probably not unjustly. A multilocular cyst ought readily enough be determined from cysts of any other nature.

TREATMENT.

Obviously, there is but one treatment for these tumors, one and all, and that is surgical. When they have not reached such dimensions as to have completely destroyed all outline and framework of the bone, a free incision, evacuating the contents and packing the sac with gauze, with a view to having same fill by granulation, is the proper treatment, and usually succeeds. In some instances the whole external wall may be cut away and when a multilocular cyst, the contents curetted or gouged out, leaving the internal plate. The incisions in such cases are

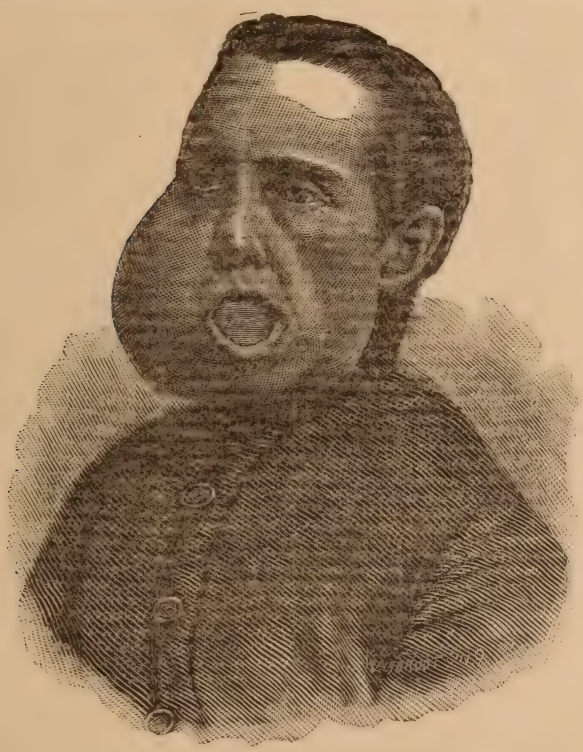

Fig. 1.

always within the mouth, leaving no defacing cicatrices, and when the inner plate or the continuous line of the body of the

bone can be left, there usually follows but slight deformity. There will come up, occasionally, cases in which the tumor has reached such dimensions and played such havoc with the bone, especially compound cystic tumors, that excisions of sections of the bone, or even the entire maxilla, is the proper thing to do. Most of the cases that have come to me for treatment have been of the latter kind, requiring removal of parts of the bone with the tumor—excision.

As an example of a simple cyst of the jaw, I beg to report the following case—illustrated by Fig. 1:

Case I. Mrs. K., white, aged 43 years, resident of Mississippi, was referred to me by Dr. W. P. Connor, and presented a tumor involving the right half of the inferior maxilla. The growth began some six years previous to my examination, and by gradual increase had attained the dimensions of an average-sized cocoanut. On one or two occasions it had been opened with a bistoury and contents of a glairy nature evacuated, only to re-accumulate. Besides the disfigurement shown in the accompanying cut, Fig. 1, the growth so filled the buccal cavity as to entirely prevent mastication of food, and it was with great difficulty that the patient could swallow liquid nourishment. As a consequence she was so weakened and emaciated that removal of the tumor could not be advised just then. There was no pain felt in the growth; no tendency to ulceration; no glandular involvement, although so long time in existence; manipulation was painless. Fluctuation was distinct, and while there were many soft points to be detected both on the cutaneous and mucous surfaces, distinct areas of shell-like bone could be mapped out and a parchment-like crackle was very perceptible on palpation. The growth involved three-fourths of the body and lower third of ramus, right side. Both portions of the bone were expanded to a mere shell. The diagnosis of cystic tumor involving the body of the bone was readily enough made, and removal of the bone clearly indicated. It is to be remembered that a free incision, evacuation and packing the cavity is the recommended operation for these tumors, especially those of simple character (single cyst), but in this case there was no outline of body of bone left—only islands of bone scattered irregularly over a thick-

ened sac. Hence, to my mind, a more thorough operation of romoval was indicated. The general health of the patient was so poor that my first step was to evacuate the contents of the tumor by means of an aspirator entered through the buccal surface. More than a pint of chocolate-colored, glairy fluid was drawn off, and the patient thus enabled to take nourishment liberally. At end of three weeks she returned considerably improved, and the tumor had refilled.

An incision was made along the base of the tumor, the facial artery was ligated, and by keeping carefully against the surface of the tumor very little blood was lost. Almost the entire right half of the maxilla was removed. The wound was packed with gauze and ample room left for drainage. Her recovery was rapid and at this time, eight years since operation, she is enjoying excellent health. A gristly mass has taken the place of the bone removed, and very little disfigurement exists.

The tumor proved a simple cyst—the fibrous wall was more than a line in thickness. At the floor of the sac there were several bony partitions projecting half an inch into the cavity. (This specimen is now in the museum of the Memphis Hospital Medical College.)

Illustrative of compound or multilocular cysts of this bone, I beg leave to briefly report three cases:

Case I. Patient, a colored woman from Mississippi, 40 years of age, with the usual history of repeated severe and prolonged spells of toothache, preceding the appearance of a swelling in the left half of the lower jaw, which soon developed to a veritable tumor. Upon examination I found her as shown in Fig. 2 —a growth as large as a cocoanut. The body of the bone and lower portions of ramus of left side were extended to a thickness of over five inches. There were numerous soft spots yielding a sense of fluctuation between the patches of boue, so that a diagnosis of compound cyst tumor was readily made. Mastication was very much interfered with, but she was able to keep in a good state of flesh on liquid and soft diet. A small exploring trocar revealed several cysts, with as many varieties of fluid. There was no glandular involvement. The indications were that tumor consisted of very many cysts, and consequently much

solid matter in shape of partition walls and living membranes. I decided on excision instead of incision and curetting.

My incision was carried from just below the temporo-maxillary articulation, along the base of the tumor to the symphasis, then upward through the lower lip. Hemorrhage was controlled by

Fig. 2.

COMP. CYSTIC TUMOR.

forceps. The tumor was then denuded of its coverings, both externally and for the greater part on its internal surface by using the handle of the knife. The bone was cut one-half inch to left of symphasis. The ramus cut through just below the base of coracoid process, which together with condyle was left in posi-

tion. The remaining attachments of soft tissues to inner aspect were severed and mass removed. Paquelin's cautery was used to touch several bleeding points. The opening in the buccal mucous membrane was closed and nearly two-thirds of the skin incision was united by suture. One opening was left dependent for drainage and the cavity packed with gauze. In spite of great care, there occurred sacculation of pus, in contact with sawn end of bone, and erysipelas supervened, spreading over entire face. After eight weeks all had healed save small superficial surface, and she went to her home. (College Clinic, '89-90.)

An examination of the tumor confirmed the diagnosis of compound cyst.

Case II. Multilocular cyst of right half of lower jaw in patient twenty-eight years of age. Was preceded by tooth-ache of much severity; general health of patient poor, and there was some glandular enlargement in nearest cervical glands. The operation was very similar to that described in Case I, and the tumor identical in make-up, excepting two of the cells composing the mass contained brain-like matter, causing me to fear a return of the disease. This patient made a rapid recovery, and three years later was in excellent health. The size of this tumor was almost equal to a large orange—extended from near symphasis to the angle. Paquelin's cautery was found very convenient in checking the free oozing from patches of small vessels. (College Clinic, '88-89.)

Case III. Illustrative of cystic disease of the lower jaw is the case of Mr. Henry, forty years of age, very much emaciated from starvation, due to inability to take food. No glandular implication. Nearly all of the bone involved in the tumor. The disease began fifteen years prior lo appearance shown in cut, as small double cyst at roots of incisor teeth. These cysts were opened and injected repeatedly with iodine, nit. silver, etc., but with no benefit. Other cysts began forming. He declined further treatment at that time, and did not consult a physician until February, 1886, when I saw him and advised excision of the entire mass. Operation was performed without encountering much difficulty and but little hemorrhage. All of bone was removed save half of right and the third of left rami. Tongue was kept

forward by means of ligature for forty-eight hours, at the end of which time he could control it without assistance. Took nourishment well, and promised fair to recover. On seventh day after

Fig. 3.

operation, after sitting up greater part of two days, he had chill and died of congestion. The tumor weighed 7¼ pounds. Transverse diameter was 9½ inches, ant-post. thickness 7¾ in median line. A section showed dozens of cysts, typical of these tumors.

The Italian government has ordered that only medical men shall henceforth be entitled to practice dentistry and blood-letting, an order which will interfere with a large number of quacks, and raise dentistry to so high an attitude that its disciples can no longer hesitate as to whether they belong to a trade or a profession.—*Gaillard's Medical Journal.*

For Daniel's Texas Medical Journal.

LAPAROTOMY FOR FIBRO-CYSTOMA.

History of the Case of Natividad Krishbaum, Operated January 14, 1890.

Read at the Meeting of the West Texas District Medical Association by D. Berrey, M. D., Secretary, San Antonio, Texas.

ON TUESDAY, June 10th, I was called to see Mrs. Natividad Krishbaum, a Mexican woman, native of Durango, Mexico. On the day previous the patient had been brought to the city from Cotula, Texas, for treatment. I obtained from herself and husband the following history. She was 45 years of age, the mother of one child, and fifteen years before had had an abortion in the early months of pregnancy. Her health had been perfect up to one year ago, when she noticed an enlargement of the abdomen, which rapidly increased in size until the present time when her proportions are simply enormous. The menstrual function she claimed was regular, and her general health good. She only complaining of a slight dyspnœa and œdema of the lower extremities, the two last symptoms being very recent, having only been noticed a day or two before my seeing her. On examination the abdomen was found to be enormously distended, and rather irregular in outline, the enlargement seeming to be most prominent between the umbilicus and ensiform cartilage; on the right side could be felt a hard mass which could be fairly well outlined. On palpation fluctuation could be made out ove the entire abdomen. Vaginal examination revealed little save that the uterus was anteverted to such an extent from pressure from above that it was found to be impossible to introduce a sound, and protruding through the os was a small mucous polypus. The uterus moveable, and the os and cervix seemed natural to the touch. Diagnosis, fibro-cystoma of the right ovary with a possible cystoma of the left. I explained to the family the gravity of the case, and that the only possible hope for the patient was a laparotomy, and advised against delay. I may state

here that before my seeing her she had been treated by an irregular physician who had cupped her, and was using lotions over the abdomen. The family desiring further counsel, Dr. George Cupples was requested to see the patient. The diagnosis was confirmed by Dr. C., and a laparotomy decided upon as the only means of saving her life, as soon as the necessary preparations could be made. The patient was eager for the operation, and her husband accepted it as the only alternative.

Dr. Cupples and myself took the following dimensions of the patient: Height five feet; from the ensiform cartilage to the umbilicus sixteen inches, from the umbilicus to the pubic arch nine and one-half inches; from the right anterior superior spinous process of the ilium to the left thirty-two inches, girth at the most prominent point fifty-four inches. On the day of the operation, three days after these dimensions were taken, the girth had increased two inches, making on the day of operation a difference of only four inches between her height and diameter around the body at the most prominent part of the mass. For preparatory treatment the patient was ordered liquid diet, a saline cathartic was to be given once or twice daily, and the entire body to be scrubbed once daily with warm water, soap, and a flesh brush.

June 14, four days after I first saw her was the date fixed for the operation. At noon of June 14, Dr. Cupples operated, present and assisting Drs. Berrey, Kingsley, Watts, Garza and Chew, the latter administering chloroform, a four inch incision through a thick fatty layer, revealed, on opening the peritoneum the glistening, silvery wall, of an enormous cyst, which was evacuated by means of a Spencer Wells trocar, nineteen quarts of colloid matter, varying in consistency from nearly pellucid serum, to pultaceous masses of different color, being furnished by this cyst alone. At this juncture there was some failure of the pulse due to removal of the great pressure, but this had been anticipated, and was remedied by a hypodemic injection of ether. Numerous other cysts were emptied, each presenting the color and density determined by its age. It was now possible to ascertain the relations of the immense tumor to the surrounding viscera, to all of which there existed adhesions of varying degrees of density, the whole omentum being closely adherent. The upper abdomen

was enormously distended, and the adhesions firm and numerous. After having ligated and divided the almost innumerable attachments of the neoplasm, the pedicle was secured by transfixion and double ligation and divided at a distance of one inch from the uterus. In the depth of the pelvis considerable hemorrhage took place but it was finally controlled by ligature. The ragged remains of the omentum were ligated anew and cut away. The abdominal cavity was thoroughly sluiced with water, a glass drainage tube inserted, and the incision which had been extended to nine inches was closed by deep silver wire and superficial silk sutures. During this long and tedious operation, lasting two hours, two hypodermic injections of ether and three of whisky were given. There being absolutely no history of pain or discomfort in the abdomen at any time, the operator and his colleagues were much disappointed and surprised at the number and extent of the adhesions.

The patient was placed in bed, bottles of hot water put around her, and in a short time she rallied from the chloroform, without any appearance of shock. Perfect rest was enjoined, and iced milk in small quantities was ordered at stated intervals.

Nine p. m., found the patient resting comfortably, reaction was complete, and no evidence of a shock was visible. She had suffered some from chloroform nausea, but at my visit this had entirely passed off. Temperature normal, pulse 80.

June 15, 9 a. m. Found the patient comfortable. Had passed a good night, voided urine freely, complains of no pain, takes the iced milk with relish, and asks for solid food. Temperature normal.

At 5 p. m., Dr. Cupples and myself were hastily summoned to the patient, and found her with a temperature of 102 Fahr., abdomen considerably tympanitic. We partially removed the dressing, and found the drainage tube clear, probably an ounce of sero-sanguinous fluid having escaped through it. We removed the short glass drainage tube, and substituted a long rubber one, gave the patient a water and soap enema, ordered one dram of suph. of magnesia to be given by enema every hour, and left the woman feeling fairly easy. She rested well during the night, but on Monday morning the 16th she was taken with a

sudden attack of vomiting and died before Dr. Cupples or myself could reach the house, forty-five hours after the operation.

Autopsy forty-eight hours after the operation, and three hours after death. The incision was firmly united except a small point at the umbilicus. The abdomen contained a considerable quanity of serum, untinged by blood, showing that complete hemostasis had been secured. Death was evidently due to what Mr. Bryant of St. Thomas Hospital, London, has happily termzd "shock of peritonitis," the patient having passed a quiet night, and reported herself better on awakening from sleep, not an hour before death. The sac, empty, weighing nearly 10 pounds, the whole contents by actual measurement, and estimated weight over eighty pounds. In addition to the mucous polypus occupying the os, the uterus presented several polypi, sub-peritoneal sub-mucous, and intra-mural.

For Daniel's Texas Medical Journal.

"A CASE OF GUNSHOT WOUND OF THE ABDOMEN."

BY SAM CUNNINGHAM, M. D., ELGIN.

Read at Meeting Austin District Medical Socieiy, and Referred to Publishing Committee for Publication.

ON THE 17th day of April last Tom McLemore, white, age 18 years, received an accidental shot from a target gun, the ball entering the abdomen two inches below and an inch to the right of the umbilicus, and having an upward range going through, its point of exit being in the back just above the right kidney.

Dr. C. C. Rutherford, of McDade, was immediately called, who seeing the conditions had only to wait for further developments, giving only the necessary amount of opiates to relieve pain and allay nervous shocks. Patient had on third day after the accident natural passages from both bowel and kidneys, showing no appreciable signs of mischief.

Dr. R. thinking the patient would get along by the exercise of

proper precaution, discontinued his attentions, instructing the family to notify him should any harm accrue later. On the morning of the sixth day the patient from the exercise of imprudence, both in too much eating, and physical exercise, was seized with violent pains through the bowels, some swellings and exceeding tenderness over the region of the transverse colon. The bowel was constipated, though there was not much tympanites. Dr. R. was again called. Although a general line of treatment was pursued, the patient continued to grow worse; when on the ninth day of the accident I was requested to go in consultation. The peritonitis at this time was well marked, the bowel distended, his countenance anxious, skin cold, and clammy. The history of the case for the prior 24 hours to my visit, was occasional exacerbations of the temperature, with pain more or less prominent all the time. The pain was now so intense that we gave hypodemically a dose of morphine and atropia, combining also digitalis, as the pulse was rather feeble and compressible. Vomiting soon became a prominent and persistent symptom. At intervals of about every six hours vomiting of fecal matter would ensue. This condition of affairs kept up continuously for eight days, and his whole appearance was one of progressive prostration. The treatment employed in this case was a general one, viz: Opiates sufficient to promote ease, hot turpentine stupes vigorously applied to the bowels, whiskey and all the liquid nourishment that could be given ; sweet oil, too, was given with the hope of overcoming or rather disengaging the fecal impaction. The oil was given shortly after the vomiting spells, as the stomach would appear more tolerant then. Enemas were also administered occasionally. On the 17th day after the occurrence, when after one of the many attempts to prompt the action of bowel by an enema, the patient had a large action of the most foul kind and odor, containing some hard lumps, which confirmed the diagnosis of "impaction," or possibly "intussusception." The patient after this ceased to vomit; symptoms got better at once, and he made a rapid recovery.

I do not report this case claiming the merit of any special management, but hoped that it might prove of some interest to the Society.

For Daniel's Texas Medical Journal.

REMOVAL BY TRACHEOTOMY OF A SAFETY PIN WHICH HAD REMAINED IN THE LARYNX ONE YEAR.

BY H. L. FOUNTAIN, M. D., BRYAN.

A CHILD four years old was brought to me by its mother with thefollowing history: One year previous to her visit, the child, by a sudden inspiration, sucked a medium sized safety pin into the larynx. It was immediately seized with convulsions and difficult breathing; a physician was sent for, but the pin was not removed. The severe symptoms gradually subsided, until the child was fairly comfortable, though there was a complete loss of speech. The mother did not seek further medical advice until the child's throat began to swell, and it had frequent attacks of coughing and difficult breathing, which would terminate in a free discharge of pus through the mouth. These attacks were of daily occurrence. The laryngoscope revealed a very much swollen condition of the glottis,—the rima being almost closed, and the base of the tongue; and by careful manipulation of the mirror I could detect a dark object projecting up between the vocal cords, but on acconnt of the restless and frightened state of the child, it was impossible to seize it with the forceps, but this was fortunate, as I afterward found the pin was open and the point up, and any forcible effort to extract it with the forceps would have certainly resulted in serious injury to the vocal cords. The following day the child was anæsthetized and the trachea opened as high up as possible without injury to the larynx. The pin was immediately brought into view and removed without difficulty; it was very much corroded and covered with pus.

The wound was closed and the child recovered quite rapidly, though there was some suppuration, due no doubt, to the septic condition of the larynx. The power of speech gradually improved and is now as good as that of any child four years old.

This case was not reported because the operation presented any

unusual features, but on account of the length of time the pin remained in the larynx, and the complete recovery of speech after its complete loss, I thought a report of the case might interest some of the profession.

Correspondence.

LETTERS FROM EUROPE.

DRESDEN, August 2, 1890.

Editor Daniel's Texas Medical Journal:

From London I went to Paris; visited the Hotel Dieu, La Charitè, and the Hospital St. Louis. At the latter I saw Peau and witnessed five operations which he did. Peau is a sturdy, bold, bushy-headed Frenchman, and, as you know, has considerable reputation. I was surprised to learn that he is rather quachish; relies a good deal—like some Texas and other doctors—upon newspapers, fine clothing and electioneering indirectly in high places. He goes through a case with confidence and dispatch. Is very reserved in diagnosis, deferring positive opinion in three of the five cases I saw him in till the microscope should be consulted.

I saw nothing peculiar or different in his technique or dressings from that with which we are familiar. Patients, in many instances, after operation are wheeled out and an already anæsthetized one is placed upon the table. Thus expediting matters and enabling him to do this charity with consuming two days in each week. He ligates the larger vessels and the smaller ones are held by the clamp till the leisure moment comes for the assistants to apply permanent dressings outside the amphitheatre.

You will remember that the priority of the method of leaving the clamp forceps in place for hours after vaginal hysterectomies, has been controverted; usually this is considered a method of Peau.

I was not very much impressed with the personnel of Peau's assistants, nor the tidiness of persons and things around the operating table at the St. Louis hospital. I regretted that I could not stay long enough to see the work of the artistic surgeon Toudeux, also Doleris and Champonies, as well as Charcot; but as I had some difficulty in catching everything said in French—being of late years dull in that language—I could not afford to linger long in beautiful Paris and her renowned hospitals.

From Paris I passed Fontainbleu, Rouen and Lousana, and stopped at Geneva. At the latter place I was kindly received by the affable and accomplished Cordes and lady, and after carrying me to the surgical clinic and offering to take me through the maternity, of which he was head, I returned to the L'Angletere, and later was called for by the Doctor and Madame and wheeled to their country home; nine wiles away, to an excellent dinner, and back to the hotel at 10 p. m. His beautiful rural home is near the lake and we pass the summer house of a Rothchild, as well as a former home of Eugenie and Lola Montez in making the visit.

At Berne, the Swiss capital, I called and was kindly received by Dr. Sachs, Cocher's assistant, the latter being absent. The Cantonment hospital, over the surgical department of which Dr. Cocher presides, is an elegant and large hospital, and, as you know, the surgeon is able. His assistant was very kind, and I enjoyed very much the visit and the attendance at the clinic.

Though a day at Würzburg, I did not go to the hospital. This, you know, is the Bavarian home in which the clinicien Scanzoni lived and laid his reputation—a writer whom I have much enjoyed and hope received profit by the study of his writings.

This city, Dresden, you know, is the place of the great obstetric hospital, in which the great Winke (and antiseptic obsteritrician in advance of the times) lived and made fame ere he left for Munich. Leopold holds the place now. I intend spending the evening there.

To-morrow I will go to Berlin. The Congress meets Monday. Up to yesterday noon 4000 had registered. It is likely the number will reach 10,000.

The letters given me at New York will give me kind reception at the clinics of Bardeleben, Kuster and Bergmann. As I do not understand the German language I will remain only long enough to learn the technique of these men, when I shall return to London for a month of internal medicine, surgery, gynecolagy and eye.

Will write to you a special letter about the work at London.

Your friend, E. T. BEALL, M. D.

INTERNATIONAL MEDICAL CONGRESS.

BERLIN, August, 1890.

Editor Daniel's Texas Medical Journal:

The work has I think been of high order, and the major part being presented by the Germans, who as would be expected, are largely in the majority. The attendance is about 7000, 500 of whom are Americans. I recognize nearly all those whom you and I meet at Washington. The entertainments are of high order and expensive, but those in this beautiful and wealthy city are well able for such expense. I write you no particulars, as by telegraph or journals you will have obtained particulars of the most important matters sooner than by course of mail.

I attended Bergmann's Clinic yesterday and Keester at the Augusta to-day; to-morrow will go to Bardalebenss, and next day with Prof. Prewitt of St. Louis, will see Hohn in laparotomy.

I observed Sir Jos. Lister, Sir William McCormac, and Mr. Peau yerterday at Bergmann's clinic. Bergmann's clinic was intended to display antiseptic treatment of wounds, but I saw nothing new, nothing but what we do in New York and Texas.

I wish to modify what I said in a former letter of Dr. Peau of Paris. Since writing you I have learned that Peau's having been beaten in the race for position in the Faculty at Paris was due more than anything else to political influences, rather than quackish practices, and though he is bold and at first sight looks ferocious, his appearance improves upon seeing him more frequently, and one gets to admiring the man. There is no question but

that he has a cool steady hand and head, and has no fear of the knife. Perhaps my first informant was prejudiced against Peau and made a wrong impression upon me when I was in Paris and we were discussing the man after his clinic. He does an immense amount of work.

At a called meeting of the American members of the Congress at the Hotel Central, Unter den Linden, to-night, and from which I have just returned, it was decided not to present and urge an application from Chicago that the Congress of '93 meet in that city. It was thought that for us to urge the measure would not be doing justice to Russia, or would, perhaps, thwart the disposition many had of favoring Paris, with hope of bringing about a reconciliation of feeling between the profession of Germany and France, growing out of the late war between their countries. I hope and think Paris will get the Congress of '93. Very few French are attending the Congress at its present session.

Texas has a fair show of the American delegation.

I noticed some matters at the Augusta hospital that I would like to write about; one little measure I noticed was in attaching a bar with plaster below the heel, to prevent outward rotation when using Buck's extension for fracture; another was in placing the limb in position that the tenor vag. femoris muscle and fascia was relaxed during the treatment. I would like to note the difference in treatment of tubuncular hip disease between Kusier and Bergmann and compare their treatment with Barker of London, but time and paper forbid. Your friend,

E. J. Beall, M. D.

Society Notes.

AUSTIN DISTRICT MEDICAL ASSOCIATION.

This Society will meet in Medical Hall, Austin, September 25, 1890. The following papers will be read:

"A Case of Traumatic Tetanus," by S. G. Harper, M. D.; discussion J. O. Lewright, M. D. and W. A. Ellison, M. D.

"Some of the Delusions of the Insane," by John Preston, M. D.; discussion opened by A. N. Denton, M. D., and F. A. Maxwell, M. D.

"The Treatment of Epithelioma of Face by Caustics," by A. C. Conner, M. D.; discussion opened by W. M. Cunningham, M. D., and T. D. Wooten, M. D.

"Antipyretics," by R. S. Gregg, M. D.; discussion opened by J. W. McLaughlin, M. D., and C. O. Weller, M. D.

"Eclampsia," by R. Atkinson, M. D.; discussion by R. M Swearingen, M. D., and Ralph Steiner, M. D.

Election of officers will be held.

Every physician accessible to Austin and eligible to membership in the State Association, is eligible to membership in the Austin District Medical Society, and should avail himself of the privileges of this flourishing order without delay. The time has come in Texas when every regular physician must belong to a good working society, and must work, or he will be classed where he natually belongs, among the non-progressive, unreliable irregulars.

You will observe we have a good programme, and will have an interesting session. You are cordially invited to attend and take part in the proceedings.

F. R. MARTIN, President.

T. J. BENNETT, Secretary.

AT A MEETING of the Travis County Medical Society, held at Austin, September 4th, inst., the following officers were elected for the ensuing year:

President, Dr. B. F. Church; Vice President, Dr. F. Litten; Secretary, Dr. J. Cummings.

The Northwest Texas Medical Association, which was organized in Abilene in June last, will hold its regular quarterly meeting at Cisco, 7th of October.

The following papers will be read and discussed: "Management of Placenta in Natural Labor."—Dr. Wallace. "Continued Fever."—Dr. Keown. "Drainage of Wounds." —Dr. Hollis.

What can we do with Lingering Labors?—[A letter from Dr. Geo. C. Masker, at Birmingham, to The Medical Record.] In the Section of Obstetrics and Gynecology in the British Medical Association, a most interesting discussion upon the subject of "Management of Lingering Labor," a paper read by Dr. W. S. Playfair, brought out a striking variety of opinions concerning the use of drugs in this class of cases, which, Dr. Playfair was careful to explain in beginning, included only cases not attributable to mechanical obstruction, but simple due to uterine inertia. Dr. Playfair said that in his opinion, based on his own experience and corroborated by the views entertained by the authorities of the leading maternity hospitals of Great Britain, the use of ergot prior to the expulsion of the placenta, was practically obsolete. He relies more upon position, pressure over abdomen, and considers chloral hydrate of drugs the sheet anchor; to be used up to the time the head presses upon the perinæum, then he uses chloroform.

Dr. T. More Madden said, his practice was to use ergot in doses of three or four drachms in the beginning of the second stage of labor, and usually to supplement this with a hypodermic injection of ergotin.

Dr. Cameron carries two grain pills of opium in his pocket, and if any delay occurs gives a pill, which he expects will put the patient to sleep for a number of hours or speedily terminate the case. Certainly a remarkable variance among authorities.

Shock in Heart Disease.—A Jew having failed to sell a coat at $20, and at $15, took his customer away back in the back part of the store, behind the stair steps, and in a hoarse whisper behind his hand, said, "You shoost take dat coat along mit you for twelve tollars."

"All right" says the customer, "but what is the meaning of all this mystery? why couldn't you tell me that out front?"

"Sh—!" said the Jew with a look of terror on his face, "You see dat schmall leedle man mit de front door? dat was mine leedle brudder; he got heart disease, and so help me goodness gracious, if he hear me say twelve tollars for dat coat, he shoost drop down dead mit his tracks!"

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

QUACKS IN AND OUT OF THE PROFESSION.

Sauce for the Gander.

That Texas should be overrun with quacks and pretenders, men who are totally unqualified by education to practice medicine, would naturally be supposed from the laxity of our laws,—or, rather, because there is no law in Texas which requires that a man shall know anything of medicine in order to practice it. This, together with stringent laws in other States acting as a *vis a tergo*, has filled Texas with illegitimate Doctors. They naturally drift Texas-ward; and finding here a "suitable nidus," as they say of other parasites, flourish like a green bay tree; there is none to molest them nor make them afraid.

But are these the only quacks in Texas, the unlettered and undiplomaed? By no means. It has become the custom to regard as a quack every man practicing without a diploma (or a license from an examining board,) as well as disciples of eclecticism, etc.; in brief, to regard a diploma as *the* distinguishing feature between the "regular" and the "irregular."

Webster defines a quack to be "one who boasts of knowledge not possessed; an ignorant pretender." By this standard,—

and it is the highest authority,—can it not be shown that there are quacks in the regular medical ranks? aye, in the very *sanctum sanctorum* of the Texas State Medical Association? and hence, that all attempts to "suppress quackery" must necessarily prove futile? We may and should have a law which would restrict the right to practice medicine to those who can show to a legal authority that by education and training they are competent to do so; but such a law could not be made retro-active, and could not therefore reach and remedy the existing evil; if properly administered, it could only prevent further mischief to a limited extent.

There is a type of the genus quack as generally understood by the profession, yet, one who, judged by Webster's definition is far from being a quack—strikingly illustrated in the person of a splendid scamp who recently flourished at New Braunfels. By those who know him he is said to be a man of fine attainments, well informed on all subjects germane to medicine and surgery, and practices both, *secundem artem*. But he is guilty of having *no diploma*, and therefore, of not fraternizing with the regular profession, of snapping his fingers at the code; in short, of ignoring all professional amenity. He devotes himself solely to money-getting and pleasure, drives four-in-hand,—high-steppers,—wears purple and fine linen, and fares sumptuously every day. He is equipped with the latest and best books, and has the finest surgical armamentarium extant. But everything is directed to the one end,—to getting money. Like Tigg Montague of "Anglo-Bengalee" fame, even his sumptuous dinners, where "wine is like water," are made subservient to it; he knows human nature, and assails its weakness by every device, and so that he gets money, has no regard for consequences. He is said to have carried away $30,000 from the rural village of New Braunfels, those primitive, credulous and impressive burghers—descendants of the plain people who followed Baron Braunsfels to those sylvan streams. He is now in San Antonio we learn, "cutting a wide swath," and still "coining money." Is *he* a quack? If so how shall *he* be suppressed?

But all the quacks are not of the illiterate sort, nor of the undiplomaed sort; nor yet of the Von Kenner sort. Some have genuine diplomas, and are high up in the so-

cial and professional current, swimming along smoothly till may be, some unlucky chance,—some *libel suit*, perhaps,—may bring to light their ignorance, if not their guilt. Some even essay to take the lead, and jealous of the State Association's welfare, constitute themselves its guardian, making the preservation of harmony their bounden duty; "harmony," at whatever cost! How can these quacks be suppressed? Who shall watch the watchman?

And it strikes us that these are the worst and most dangerous of the genus quack. Protected by a diploma and screened in the bosom of the State Association, they are safe, or nearly safe from detection. Their ignorance, their mistakes in diagnosis and treatment seldom come to light, and the deaths resulting therefrom can, with comparative safety be "laid to the Lord," the refuge of all such.

Were a man having no diploma, *ergo*, a quack (?)—to have a young woman of 20 in the service of his family, and she should let her foot slip and become pregnant; were he to see her every day, in fact, have her consult him about *suppressed menses*; to observe the languor and loss of appetite, the morning sickness and salivation of early pregnancy; later, note the change in her figure and the gradual enlargement of the breast and of the abdomen; in brief, to have her under his eye, and actual professional care, during the whole period of gestation from fecundation to the verge of actual labor, and never, never once suspect pregnancy, nor propose an examination, no, not even when his wife, with her woman's intuition suggests "Doctor, 'aint Sairey big?" "Quack" would be too soft a name for this fellow; but suppose that all the foregoing should occur in the experience of a noted quack, one who had been making big pretensions as a gynecologist, and "considerable if not more" pretensions as an obstetrician and accoucheur,—would he not be the laughing stock of the regular profession? Would he not be an "ignorant pretender?" Aye, would not every so-called "journal" in the land having a vocabulary of its own, a vernacular, the vulgarity of which for strength and originality would shame billingsgate or put to blush the fishmongers of New Market, find such a man a target for its choicest and most vulgar epithets? and in its nastiest mood,

seek in vain to do the subject justice? Aye, a law to suppress quackery and a State board of health would be loudly demanded, right off, no delay. "Quackery must be suppressed."

But our Christian friends and fellow sufferers, what if such a thing were to actually occur in the experience of one of the elect? One who has filled Presidential chairs, who makes speeches at banquets, and writes articles for the obstetric journals? Would *he* not be an "ignorant pretended?" Come, now; "sauce for the goose," you know, brethren, *ought* to be "sauce for the gander;" and a quack is a quack, no matter how luckily he may have evaded a detection all these years. Ought not such total ignorance of all the signs of pregnancy to relegate him to the ranks of "ignorant pretenders," and stamp him as a quack? What though he have a deploma? What though he may possibly be an experienced legislator, and know precisely what the profession needs in the way of a law to suppress quackery, (that a disgusted constituency may have hissed him on his return is not to the purpose;)—what though he may have political influence, especially with the Republican party, shall that screen him? Will it bring to life again any who may have been the victims of his ignorance any more than those of other quacks?

Or take that ambitious individual mentioned in Dr. Leake's paper before the Association, (he was a diplomaed gent,) who performed laparotomy for ovarian disease, and removing the ovaries exclaimed, "behold! just as I diagnosed! "cystic degeneration;" the "cystic degeneration" consisting of graaffian vesicles in a state of evolution, in accordance with their destiny and function! Or the one who, to relieve impaction in a shoulder presentation, disarticulated at the shoulder joint, the child being subsequently delivered by turning—in the hands of another man. Are not these diplomaed gents quacks of the most dangerous kind?

In no other profession or calling on earth, does such a state of things exist. Poor encouragement to a man entering upon the study of medicine, to know and to realize that though he devote the best years of his life, and his time, money and best energies to the acquisition of knowledge that will fit him for the performance of the sacred and responsible duties of the physician, the

surgeon, he will surely be met in life by those who have spent neither time nor money, nor endeavor, in the pursuit of knowledge, and who really have none; and in the struggle for existence will be distanced by these fellows, or by those who, having acquired a smattering, only, boast and blow themselves into prominence and practice, and perhaps, (the lightest trash sometimes comes to the top, as in potatoes for instance, the small ones get there,) worm themselves into prominence in the State organizations, distancing the student and the meritorious, but modest practitioner, and—in the matter of money-getting from the profession—he will be sadly left. It really does look sometimes as if in this world there is a premium on iniquity. But, these latter fellows, the pretenders, are found out sooner or later; and like water, they gravitate to their proper level in due time. There is now going on in the profession in Texas a "shaking up of dry bones," a sifting process, and the fittest only, in the course of time, will survive.

A PLAN SUGGESTED.

It would appear as a self-evident proposition that, by every consideration of right, equity and justice, the privilege of practicing medicine should be allowed those only, who are qualified for its intelligent exercise; but, in light of the past failures on the part of the State Medical Association to secure the enactment of a law to that effect, it seems difficult to make the legislators believe it. The trouble has been, as the JOURNAL has before insisted, that these efforts have been spasmodic, and did not represent the unanimous sentiment of the profession, as, witness the "protests" which poured in from members who had not been consulted on the subject, and who therefore, did not understand, and were not in sympathy with, the movement. Many of those who protested are now members of the State Association, and will gladly co-operate in a renewed attempt, if the opportunity be given them.

As the JOURNAL has repeatedly said, not until the profession speaks as one man will any such petition receive at the hands of the legislature a respectful consideration.

Every other right, the right of persons, of property, the pursuit of happiness; every other interest is hedged around with safeguards as strong as words will make them; while the lives of the people are at the mercy (?) and depend, often, upon the word, of some ignorant pretender to the medical science.

The question then arises—how shall the sentiment of the profession be obtained? How can it be made to "speak as one man?" How can the legislature be convinced that the entire educated element of the medical profession of Texas believe that such a law is imperatively demanded in the interest of the public health and safety? And that it is for the good of the people that it is asked—and that they need it and want it?

We submit, it is folly to talk of "suppressing quackery"; too much of it exists, in and out of the profession, too many diploma-ed gents and licensed fellows—"legal practitioners," are at work, and a retro-active law,—one to reach and stop them, is not to be thought of. Surely quackrey—as it exists in its protean form, can never be suppressed by the monthly discharge of personal abuse and invective through the columns of any alleged "journal," however regular, persistent and vulgar. A sustained effort on the part of the medical profession to convince the legislature that a danger—greater than that of epidemic invasion—threatens the public health in the indiscriminate practice of medicine, might elicit a law to require in future—an examination of all who essay to engage in practice,—but such a law even, would not "suppress quackery."

As the JOURNAL has before suggested—a feasible plan by which the sentiment of the profession can be gotten at, would be to have the committee on legislation draw up a petition to the legislature setting forth briefly but forcibly—the situation, and the necessity of reform; and have every county, town, and district medical society in the State to endorse and sign it; then let a committee from each society procure the signatures of every reputable physican—not members—within their several sections —or districts; let these petitions be handed the several representatives—in House and Senate and be simultaneously presented. The legislature will meet in January, and no time should be lost.

But, as we are not of, nor on the committee, we can only suggest

this course, and we repectfully do so—to the honorable committee. Should the chairman of the committee, Dr. Cupples—request it, the Secretary of the Association will cause to be printed for the purpose, blanks in such form as may be submitted; there is plenty of money in the treasury to pay for them,—and no better use could be made of it. This is respectfully suggested also.

Indeed some such scheme was mentioned in connection with the very able—but so far—fruitless, report submitted by Chairman Cupples of the legislative committee, at San Antonio, which report, in accordance with instructions, was printed in pamphlet form and 3000 copies were mailed to the leading physician of the State.

The present skeleton of a law could be so amended as to meet the requirements; and perhaps that would be the better plan; at least for the present.

Other things are needed; a law to regulate the sale of poisons, to prevent adulteration of food and drugs, provisions for collecting and preserving vital statistics, etc; but of these more anon.

WAS IT A CONSIDERATION FOR THE WELFARE OF THE INMATES,—OR POLITICS?

The position of first assistant physician at the State Lunatic Asylum, at Austin, made vacant by the resignation of Dr. John Preston, mentioned elsewhere in this issue of the JOURNAL, has been filled by the appointment, by Superintendent Dorset, of Dr. R. R. Walker, of Paris, Texas,—the Board of Directors confirming the appointment. Dr. Walker, we learn, is a young man of thirty, and comes well recommended; no doubt he will make a worthy successor to Dr. Preston and fill the position satisfactorily; but under existing circumstances it would seem pertinent to enquire why Dr. J. A. Davis, the present second assistant physician, was not promoted to the vacancy? Leaving out of consideration any other claims Dr. Davis may have had to preferment, he possesses the advantage of having had several years experience in the treatment of the insane, while Dr. Walker, we understand, like his ranking officer, Supt. Dorset at the time of his

appointment, is totally inexperienced with the insane. It has always been a mystery to the JOURNAL, and to others of the uninitiated, how, in the confirmation of Dr. Dorset, the Board, and in his appointment, the Governor *got over* or dodged around that clause of the law which distinctly stipulates that the person selected for Superintendent of the Lunatic Asylum *shall have had experience* in that line of practice. Dr. Dorset, we have always understood from reliable authority, never saw the inside of an asylum till Governor Ross chucked him into Dr. Denton's place for no other reason, so far as we are imformed, than that "he came well recommended,"—(not by the medical profession, however)—and after the board had committed themselves to Dr. Denton for, and he had actually entered upon a second term.

We do not know whether the law requires experience at the hands of the first assistant physician,—and therefore, whether or not it has *again* been ignored in this appointment; but, whether required by law or not, it would seem that if the welfare of the patients be the object of the law regulating said appointments, preference should be given to experienced physicians in all cases; *cæteris paribus.*

That personal ill feeling exists between Drs. Dorset and Davis is well known hereabout; but, personal dislike on the part of a superintendent toward a subordinate officer should not blind him to the rights of the latter to promotion, if he be meritorious and qualified; and there must be some reason why Dr. Davis was passed over, and a new man, and we learn an inexperinced man, assigned to the position, thus becoming his ranking officer.

This inquiry becomes the more pertinent and emphatic from the circumstance that two years ago both these gentlemen—Davis and Walker—were applicants for the second physician's position. Dr. Walker was nominated by the superintendent as his choice, and the Board rejected him, or refused to appoint him, which is the same thing, whereupon Dr. Dorset sent in the name of Dr. Davis, and he was confirmed, and has filled the position to date. Why this same Board should now accept Dr. Walker for the *first* position, instead of Davis, will, we suppose, remain one of those mysteries "which no fellow can find out." But such things are liable to occur where offices of the kind are subject to political

influences; and this striking case but emphasizes the necessity for a law which shall remove the eleemosynary institutions of the State from the domain of politics, as suggested by the JOURNAL in a former issue. It is certainly very discouraging to a junior officer, to be made thus emphatically to realize that he stands no chance for promotion, if the "Boss" doesn't like him, —or that he hasn't a 'pull' on the right political string.

THE "COSMOPOLITAN" is acknowledged to be the best, the most high-toned and refined family magazine published. It is an educator of the highest and best order;—children and grown folks alike read it with intense interest, and with profit. In our judgment it far surpasses "Harper's"—and the illustrations, fine engravings, are vastly superior to those of any magazine we have ever seen. And yet it is published at the extremely low figure of $2.40 a year. Just how they can afford it we do not know, but we are authorized to offer it in combination with DANIEL'S TEXAS MEDICAL JOURNAL at only $1.35 a year! The two for $3.35. Or, looking at it from the other side, taking the COSMOPOLITAN at the regular price, $2.40, you get the JOURNAL, which is $2.00 a year, for 95 cents; think of it. This offer is limited, and applies only to new subscribers. Send $3.35 to this office at once, and secure both these high character publications for the year, at a little more than the price of one.

THE MEDICAL PROFESSION OF LOUISIANA has again failed with the State legislature in the matter of alaw to regulate practice. The scheme was defeated by *eight homeopaths*, it seems; and since we learn that the ubiquitous C. E. Fisher who left these parts between two suns, and was supposed to be in California, has turned up in New Orleans, we think we can see his "fine Italian hand" in the nefarious work. Of course the petition was defeated by gross misrepresentation and the now thread-bare. pretext that it is a "war on homeopathy," war on moonshine. No such entity exists as a homeopathic physician; that is long since played out.

Medical News and Miscellany

The next International Medical Congress will be held in Rome in 1893.

It is claimed that subbenzoate of bismute is almost a specific cure for soft chancre.

Married.—In Austin, September 3, 1890, Dr. W. B. Gibson to Mrs. Rosa Hughey, both of Austin.

Mr. Christopher Heath, in a recent lecture on strangulated hernia, protests strongly against the use of ice in that connection.—*Gaillard's Medical Journal.*

Death of Mrs. West.—The JOURNAL learns with deep regret just as we go to press, of the death of Mrs. West, of Galveston, wife of Dr. Hamilton A. West, of that city, Professor of Practice in the Texas Medical College. She died in child birth on the 17th inst. Dr. West has the sympathy of the entire medical profession, with whom he is very popular.

Removals.—Dr. A. M. Pelton has removed from Deming's Bridge to Ashby, Matagorda county.

Dr. G. W. McCaleb has removed from Elm Grove to Gonzales.

Dr. W. A. McGee has removed from Alpine to Dripping Springs, Hays county.

Dr. A. D. Burrough has removed from Lovelady to Houston.

Variations in the Caustic Action of Carbolic Acid.—It is claimed on authority of Mr. Charles that carbolic acid, if dissolved in glycerine or alcohol is not caustic, whatever be the degree of concentration. An aqueous solution or even a small per cent. of water added to the alcohol or glycerine solution will act as a caustic to the skin and mucous membrane.—*Le. Bul. Med.* —*Weekly Med. Review.*

Dr. B. F. Church, of Austin, who was recently honored with the Presidency of Travis County Medical Society, has been appointed by President Burts, of State Medical Association, Chairman of Section on Dermatology, vice Dr. W. T. Baird, of Dallas,—under the resolution that unless a chairman of Section give notice to the General Secretary of his acceptance of the office within a given time, the chairmanship shall be declared vacant and shall be filled by appointment by the President. The leaven of reform is working.

Salicylic Acid as a Prophylactic in Scarlatina.—Continuing the reseaches of Barkes, DeRossa has administered to 66 children belonging to families in which there was scarlet fever, a daily dose of gr. iss to jvss according to age, of salicylic acid. He concludes that salicylic acid acid absolutely prevents the development of scarlatina even if be taken in time and in sufficient dose. Even when administered late in too small a dose, it renders the disease very mild and benign.—*Annals Gyn. and Ped.* —*Weekly Medical Review.*

Dr. Jno. Preston, first assistant physician at the State Lunatic Asylum, has resigned his position and will remove to San Antonio to engage in general practice. It is generally understood that Dr. Preston will be a candidate for the position of superintendent of the State Lunatic Asylum when the new administration comes in; and it is generally believed in medical circles hereabout that he will receive the appointment. His experience with that class of patients and his popularity with the medical profession constitute strong claims for the place.

Small-Pox Scare.—The occurrence of a case or two of small-pox in the interior of the State has caused a flutter of excitement at Waco and Marlin. The little town of Marlin, a few miles distant from Waco, a rival cotton market by the bye, promptly instituted "shot-gun quarantine." It required the presence of the Governor and the issuance of an executive order, to remove it; and even then, Marlin "bucked" and seemed to question whether or not "the little cavalry man," Gov. Ross, was "a big-

ger man than Grant." At last accounts all was quiet along the lines, and the shot gun had been lowered.

Hæmaturia and Gorden Rhubarb.—Several correspondents of the *Lancet* have recently reported some unusual urinary troubles, consequent upon eating ordinary rhubarb, or pie plant, as it is commonly called. The symptoms are frequent micturition, hæmaturia, dysuria, and lumbar pains. This effect of the rhubard seems dependent upon the use of hard water for drinking purposes, the oxalic acid of the rhubarb combing with the calcium in the water and forming numerous small crystals of oxalate of calcium that—it is suggested—lacerate the uriniferous tubules in passing through them. Similar consequences have been noted of eating gooseberries and acid apples; and an explanation of obscure urinary troubles in localities where hard water is used is thus offered.—N. Y. Med. Journal.

Dr. Geo. B. Fowler, (in Medical Record), recommends a method of artificial infant feeding which will be found satisfactory. Put four tablespoonsful of rice into three pints of water and boil half an hour, then ret on back of range to simmer during the day, water being added occasionally to maintain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three tablespoonsful of this paste are added to each half pint of milk and fed during the next day, a fresh supply being under headway in the mean time. Rice is astringent, so if there be constipation he uses farina, prepared in the same way and proportions. The hydrated starch granules prevent the formation of solid clots of casein. The starch thus treated is easily digested by a child even two months old. [The addition of a small quantity of chloride of sodium to the paste or milk would not only make it more palatable but easier of digestion.—Ed.]

Treatment of Cystitis in Women.—Dr. T. More Madden, of Dublin, read a paper in which he describes the method of treatment of this distressing condition that had been very successful in his hands. His plan consisted first in the full dilation

of the urethral canal with an instrument exhibited, so as to paralize the contractility of the sphincter vesicæ and canal, and thus produce a temporary incontinency of urine, and, secondly, in the direct application through the same instrument of carbolic acid and glycerine to the diseased endo-vesical mucus membrane. Any pain thus caused may be prevented by the previous topical application of a solution of cocain. The proceedure recommended seldom requires to be repeated more than once or twice, and then at intervals of a week or ten days. This treatment, combined with the internal use of boric acid, rarely failed to effect a rapid cuse.—[A report from the Medical Congress at Berlin to the Medical Record.]

The deplorable state of medical journalism in the West is evidenced by the recent issues of two contemporaries. The first contains the account of an assault with intent to kill perpetrated on the editor, from which he escaped unscathed, (so he says) and in token of which he publishes his physiognomy, presumably after the affray, as there are no scratches on it. Being unable to ascend a dung-hill and give vent to pæns of praise, like his feathered mentors, he takes this method of informing the public he is well, and hopes for a continuance of their patronage, etc. The other has some alleged wit, capitally disguised, about "Jack the Ripper," containing allusions to L. T.———, of England, which reminds us of a toy dog yelping at the king of beasts, followed by remarks in a sour grapes strain about post-graduate schools. The lucubration winds up with some doggrel patterned after the "Rejected Addresses." And this is medical journalism. God save the mark! No wonder western men and journals are held in such low esteem by the profession in the east and in Europe.—*North American Practitioner.*

A $200,000 Libel Suit.—Suit has been entered by William Radam, manufacturer of Radam's Microbe Killer, against the *Druggists Circular*, of New York, for $200,000 damages, the largest amount so far as heard from that was ever asked for in a libel suit of this kind.

The pleadings show that the action is brought to recover dam-

ages claimed to have been done the business of the plaintiff by an article published in the *Druggists Circular* for September, 1889. This article gave the result of an analysis of the Microbe Killer, made by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula:

Oil of vitriol (impure).....4 drams.
Muriatic acid (impure).....1 dram.
Red wine, about.....1 ounce.
Well or spring water.....1 gallon.

This mixture, it was alleged, could be made at a cost of less than five cents per gallon, for which Radam charged three dollars.

It was further alleged that while, when properly used, sulphuric acid, the principal constituent of the Microbe Killer, was a valuable medicine, it was, when taken without due caution and advice, a slow but certain cumulative poison; and the theories advanced by Radam, as to the causes of diseases and the proper method of treatment, were alleged to be totally erroneous. Col. Robert B. Ingersoll, the famous lecturer, is the counsel for the plaintiff.

The *Druggists Circular*, which is published at 72 William str., New York, expresses a desire to hear of any case in which unfavorable results have followed the administration of the Microbe Killer, or any other fact that would be interesting under the circumstances. They claim to have published this analysis without malice, and with the sole intention of protecting the public from the loss of their health and money by the use of a dangerous nostrum.—*Druggists Circular.*

Book Notices.

RAILWAY SURGERY, a Practical Work on the Special Department of Railway Surgery; for Railway Surgeons and Practitioners in the General Practice of Surgery. By C. B. Stemen, A. M., M. D., LL. D., Professor of Surgery in the Fort Wayne Col-

lege of Medicine, Indiana; Chief Surgeon of the Western Division of the Pittsburg, Fort Wayne and Chicago Railway, etc. With numerous illustrations. Pp. 306; 1890. J. H. Chambers & Co., St. Louis, Mo.

This seems to be the first book devoted exclusively to railway surgery that has been published. It is quite comprehensive and practical, and it deserves a place in every railway surgeon's library. It is estimated that there are about 25,000 surgeons connected, more or less, with railroads in this country. The first organization of railway surgeons was held in Decatur, Ill., in January, 1882. Since this time wonderful advances have been made along the line of railway surgery, and this book is the outcome of this special work. B.

ANÆSTHETICL, ANCIENT AND MODERN:—Their physiological action, therapeutic use, and mode of administration, together with an historical resume of the introduction of modern anæsthetics. Nitrous oxide, ether, chloroform and cocaine; and also an account of the more celebrated anæsthetics in use from the earliest time to the discovery of nitrous oxide, by Geo. Foy, F. R. C. S.; fellow of the Royal Academy of Medicine in Ireland; Surgeon to the Whitworth Hospital, Drumcondra, etc., London. Bailliere, Tindall & Co., Dublin. Fannin & Co., Grafton street, 1889, pp. 175.

This little book is dedicated to Hunter McGuire, M. D., LL.D., of Richmond, Va., and covers the field of historical and practical anæsthetics. Any one wishing to be well informed on the subject will find this a good book from which to obtain information. Too much of the book is taken up with the advertisements of the publishers' publications to look well. B.

MANUAL OF SKIN DISEASES with special reference to diagnosis and treatment. For the use of students and general practitioners. By W. A. Hardaway, M. D., professor of skin diseases in the Missouri Medical College, and in the St. Louis Post-Graduate School of Medicine, etc., St. Louis. Theo. F. Lange, 1890, pp. 530. Price, cloth $3.

This book is really a valuable production. The long monoto-

nous generalizations are properly left out. The work is a practical one. The author emphasizes the diagnosis and treatment. The first part of the book is devoted to a short introduction to the study of skin diseases, the second, to an alphabetical arrangement of diseases for ready reference, and the third and concluding portion to formulæ and a diet table. B.

A HAND-BOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY, with an Introductory Section on *post mortem examinations*, and the methods of preserving and examining *diseased tissues*. By Francis Delafield, M. D., Professor of Pathology and Practical Medicine, College of Physicians and Surgeons, New York; and T. Mitchell Prudden, M. D., Director of the Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York. Third edition. Illustrated by 224 wood engravings, printed in black and colors. 560 pp. New York: Wm. Wood & Co.; 1890.

This work has enjoyed the distinction of being a standard work, and it having run through three editions evinces its popularity. The prudent physician will not allow a book of this kind to escape his library. The student and practitioner are informed how to perform autopsies; to preserve the tissues, to prepare them properly and to examine them with the microscope. All of the recent advances in pathology and histology are set forth in good style. B.

MANUAL NURSING:—By A. Worcester, A. M., M. D., Fellow of the Massachusetts Medical Society, Physician to the Watham Hospital, etc. Second edition, pp. 250, New York. D. Appleton & Co., 1890.

The subject of nursing is receiving more attention and is more encouraged by the profession than at any time in the past. A well trained nurse is invaluable in the sick room. This little book nstructs in the art of monthly nursing. The contents are substance of lectures delivered to the nurses at the Boston Lying-in Hospital during the author's term of service as house physician in 1883.

The book is well written, well printed and contains the best of information on the subject of monthly nursing.

AN OPEN LETTER TO THE MEDICAL PROFESSION

The Infant Food Problem Solved.

NEW YORK, May 1, 1890.

The Annual of the Universal Medical Sciences for 1889 says: "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk to approximate the latter closely should be made entirely from cow's milk, without the addition of any ingredient not derived from milk."

"But not alone do we demand that these Milk Foods contain the equivalent of the solids in human milk, and especially of the albuminoids derived from milk, but that the latter be gathered with the utmost care from properly fed animals, transported with the least possible jolting to the factory, maintained during its transit at a low temperature, then transferred to an apparatus for sterilization, and immediately after the latter has been accomplished reduced to the dry state, in order to prevent the formation of those organisms which Loeffer, Pasteur, and Lester have found to develop in fluid milk after boiling under an alkaline reaction. If such a preparation is put into air-tight and sterilized jars, all will have been accomplished that can be done to render the food sterile, and thus fulfill the chief indications in the prevention of the most serious gastro-intestinal derangements."

"Such a food, too, would have the advantage of being easily and rapidly prepared by addition of sterilized water, affording an altogether sterilized food."

To the *Medical Profession* at large, we submit for examination and trial the perfected Milk Food known as LACTO-PREPARATA. We claim that LACTO-PREPARATA is an *ideal Infant Food*, and that it fulfills the above requirements in every particular, except the partial substitution of cocoa-butter for unstable milk-fat. This substitution was made by advice of Prof. Attfield, London, who made extensive tests of its food value and digestibility in the London Hospitals for Infants.

LACTO-PREPARATA is made from cow's milk evaporated in vacuo a few hours after it leaves the udder. In order to have the product correspond in composition with breast-milk, sufficient milk-sugar is added to bring up the carbohydrates and reduce the albuminoids to a proper proportion (17 per cent). The casein is partially predigested (30 per cent), and the remaining portion is rendered like human milk in character and digestibility. The ingredients are perfectly sterilized and placed in hermetically sealed cans; the powdering, bolting, and canning are done in an air-tight room, all air entering and leaving this room is forced by a blower through heavy layers of cotton. Lacto-Preparata is adapted more especially to infants from birth to six months of age; *and by the addition of water alone represents almost perfectly human milk in taste, composition, and digestibility.*

Another product of our laboratory which has been before the profession a number of years is CARNRICK'S SOLUBLE FOOD, which, as now prepared and perfected, contains 37½ per cent. of the solid constituents of milk, 37½ per cent of wheat with the starch converted into dextrine and soluble starch, and 25 per cent additional milk-sugar. For infants over six months of age it is perfect in every respect; for infants younger than this, LACTO-PREPARATA is more suitable, although *Soluble Food* has also been used largely from birth with the most satisfactory results.

Samples will be sent prepaid, also pamphlet giving detailed description.

REED & CARNRICK,

NEW YORK.

SPINAL CONCUSSION, Surgically considered as a cause of Spinal Injury, and neurologically restricted to a certain symptom group, for which is suggested the designation Erichsen's Disease, as one form of the traumatic neuroses, by S. V. Clevenger, M. D., Chicago, with thirty-two wood engravings, Philadelphia. F. A. Davis, Publisher, 1889. Price, $2.50.

Dr. Clevenger has given this subject special study for five years, and the outcome has been a splendid work. He has reviewed the entire literature of spinal concussion and made many additions himself. His long experience as a scientific student, writer and teacher, has well qualified him for the work set forth in this volume.

The book contains thirteen chapters in which are given the history, recent advances, symptoms, diagnosis, pathology, treatment, the last chapter being devoted to medico-legal considerations. It is a work for the lawyer as well as for the physician.

B.

Publisher's Notes.

"Our Boss" Von Boeckmann, *the* Printer and Book-Maker of Austin, is off on a pleasure trip North, with his family. The JOURNAL goes on just as well—all same.

Domestic Economy.—A little girl boasted to her playmate that her mamma gave her a dime for every dose of *Scott's Emulsion* she takes. "What do you do with the money?" asked the other. "Buy another bottle of Emulsion," said she triumphantly.

The **"Manhattan"** is one of the oldest, best, strongest and most reliable of old line Life Insurance organizations. We notice with much gratification that Mr. H. Y. Wemple, the long

time, courteous Secretary, has been elected Second Vice President. Attention is called to their new advertisement in the JOURNAL.

"Our Southern Friends" is the title of a neat pamphlet sent out by the N. Y. Pharmaceutical Co., of Bedford Spring, Mass. It contains many testimonials from Southern physicians to the excellence of Dr. Hayden's Viburnum Compound—an article o *real merit*, as evidenced by the great favor with which it has been regarded by the profession for many years.

Feick Brothers & Co., the surgical instrument men of Pittsburg, Pa., write the JOURNAL that they are getting scores of enquiries, and some orders in consequence of their "ad.," which, by the by, has only appeared *once* as yet, in the JOURNAL. The "Antiseptic Pocket Cases" can be carried in your upper west pocket, and are as beautiful as they are compact and neat.

"Wyeth's Beef Juice" is the modest name of a new concen-

MILK OF MAGNESIA!

A PURE HYDRATED OXIDE OF MAGNESIUM.—(MgH_2O_2.)

ANTACID AND CORRECTIVE.

Especially recommended in the Gastro-intestinal irritations of infant, child and adult life—Nausea—Vomiting in Pregnancy—Sour Stomach—Diarrhæa—Cholera Infantum—and the Rheumatic and Gouty conditions resulting from acid secretions.

This Hydrate presents Magnesia practically in solution without grittiness or precipitation. No danger from concretions as with the calcined. Free from Carbonic Acid. Miscible with other fluids—in a form easy of administration and absorption. Superior to lime water or chalk mixture for addition to milk. It is not a purge: but in antacid, corrective or mild laxative indications will be found reliable and safe. It combines well with Syrup Rhubarb—Soda—Opium—the various astringents, etc.

PHOSPHO-MURIATE OF QUININE,

COMPOUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly indicated in conditions of **disturbed nutrition** and **tissue retrograde.**

An easily appropriated general tonic, promoting digestion, and safe under prolonged use.

A permanent combination of the soluble **Wheat Phosphates,** with **Muriate of Quinine, Iron and Strychnia.**

Of greater strength than the various Hypophosphite compounds.

The above are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 Pine Street, New York.

LACTOPEPTINE is a skillfully prepared combination of Meat-converting, Fat-converting and Starch-converting Materials, acidified with the small proportion of Acids always present in the healthy stomach. It is a most valuable digesting agent, and SUPERIOR TO PEPSIN ALONE."—Prof. ATTFIELD, Ph. D., F.R.S., &c., *Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.*

The most eminent and successful Practitioners consider LACTOPEPTINE the the Standard remedy in the treatment

of all those ailments, in which deficient digestion is the direct or indirect cause of pathological conditions.

LACTOPEPTINE.

The most important Remedial Agent ever Presented to the Profession, for DYSPEPSIA, VOMITING IN PREGNANCY,

CHOLERA INFANTUM,

CONSTIPATION, and all diseases arising from imperfect nutrition.

LACTOPEPTINE IN CHOLERA INFANTUM.

We desire to call special attention to the great value of Lactopeptine in Cholera Infantum, and other intestinal troubles incident to the heated term.

Send address for our Medical Almanac, containing valuable information.

THE NEW YORK PHARMACAL ASSOCIATION,

P. O. Box 1574. New York.

trated extract of beef just placed on the market by the well known house of John Wyeth & Bro. If it is on a par with the other products of this firm, it will only be necessary for them to inform the trade and medical men that they are ready to supply it; their advertisement page reads as if they mean all they say.

Obstinate Insomnia.—A case of obstinate insomnia yielded promptly to the beneficent influence of Peacock's bromides. One ounce taken in thirty drop doses at bed time effected a permanent cure. The patient is now in good health, now two months since last dose, I shall continue to prescribe it in similar cases, and am very much pleased with its action in every case in which I have used it. L. M. WRIGHT, M. D.

NEW YORK.

John Muir, M. D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice President Ontario, Medical Counsel, says:

"I take pleasure in saying that I have found PAPINE (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

PIERREPONT MANOR, N. Y.

An Article of Real Merit.—Jno. Wyeth & Bro. have put upon the market a preparation called *Wyeth's Beef Juice*. They claim for it that all the nutritious elements of the beef are preserved intact, and therefore that it will fulfill the requirements for which such articles are prescribed. It is well known that the numerous beef extracts on the market have no nutritive value,—being merely stimulants; a dog fed on Liebig's beef extract exclusively, will perish. We have used a sample bottle of Wyeth's preparation and can testify to its value. Moreover, it is free from the objection which attaches to most of the extracts,—a strong smell. A teaspoonful to a glass of iced water makes a palatable and refreshing beef tea, which is rendered simply delicious by the addition of a little salt and pepper.

J. M. Ritter, M. D., Richmond, Ia., says: "My experience with S. H. Kennedy's Extract of Pinus Canadensis has been highly satisfactory, especially in the treatment of gonorrhœa and gleet. In these lesions I regard S. H. Kennedy's Extract of Pinus Canadensis as the remedy par excellence. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection; the case was one of six months standing, the patient had consulted other physicians, but with negative results. I prescribed the Pinus Canadensis (White) as an injection, properly diluted. The malady yielded immediately, the discharge lessened and finally yielded entirely, to the great delight of the patient.

A Successful New Drug.—An efficient Emollient and Sedative is one of the chief indications in the treatment of the urinary tract.

Among the remedies employed for this purpose PICHI (Fabiana Imbricata), has through long clinical testing won an enviable place.

The demand for this drug and the difficulties of obtaining proper supplies has led to the appearance in the market of much Pichi of inferior and therapeutically useless quality.

Parke, Davis & Co. state that they employ a special agent in the habitat of this drug to collect supplies, and guarantee its quality. They will also on request supply samples to those physicians who desire to clinically test it in their practice.

Parturition.—"Dioviburnia" (Dios) given in teaspoonful doses every two hours after parturition will prevent convulsions, it controls hemorrhage and relieves afterpains. By its direct tonic action on the uterus, expels blood clots and closes the uterine sinuses, causing the womb to contract. In severe cases one oz. fluid Extract Ergot may be used in combination with two oz. "Dioviburnia."

It is the experience of some of our most eminent gynecologists in all cases where ergot is indicated, that its action is rendered much more effectural by combining it with "Dioviburnia" in the above proportions.—Exchange.

DANIEL'S

TEXAS MEDICAL JOURNAL.

A Representative Organ of the Medical Profession, and an Exponent of Rational Medicine; devoted to the Organization, Advancement and Elevation of the Profession in Texas.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

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Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

A NEW MEDICAL COLLEGE PROPOSED—IS IT WISE?

BY THOMAS A. POPE, M. D., CAMERON, TEXAS.

[In transmitting the following communication, Dr. Pope says: "Enclosed is a resumé of a bill which will be published shortly. If you choose you can publish it over my signature. I know that no man in Texas has worked more faithfully than you to elevate the professional standard; and you are in a position to help the good cause as effectually as any man in Texas, if not more so." Following is the communication—ED:]

Editor Daniel's Texas Medical Journal:

BEFORE the query can be intelligently answered its antecedents must be known and understood. Then what of the new College of Medicine? Briefly this: A bill is proposed which, if it become a law, would create a State Board of Health and

establish and charter the "College of Physicians and Surgeons of Texas," and locate the same at Austin.

The College would not be a teaching school, or give any course of lectures. The Faculty would be composed of ten Professors, one for each of the seven branches of medicine, one of Hygiene and State Medicine, one of Homeopathy, and one of the Eclectic system of medicine. The State quarantine officer would be *ex-officio* member of the Faculty, Secretary of the State Board of Health and College, and Professor of Hygiene and State Medicine. The first Faculty would be nominated by the Texas State Medical Association, and should serve five years. All vacancies in the Faculty to be filled by the Fellows of the College. The Faculty of the College constitutes a State Board of Health, that meets annually, and looks after quarantine matters, epidemics, sanitary science, and adulterations of food and medicine.

The law will provide that all births and deaths shall be recorded by County Clerks. The cause of death, age, color and nativity of deceased shall also be recorded, and the Clerks are required to transmit a transcript of such records annually to the State Board of Health for publication.

There shall be at least one session annually of the College, to be held in Austin, beginning on the first Monday in April. The College is authorized to confer the degree of Doctor of Medicine. Every candidate for a degree must be examined in all the seven branches of medicine and sanitary science; provided, that applicants belonging to Homeopathic or Eclectic schools shall be examined by the Professors of those schools in Materia Medica and Therapeutics, and Theory and Practice of Medicine. Those passing examination and receiving degrees shall be Fellows of the College, and eligible for appointment as Professors in said College.

After the passage of the act it shall not be lawful for any one to *begin* and pursue the practice of medicine without first having obtained the degree of Doctor of Medicine from the College.

Two years after the passage of the act no one except Fellows of the College will be permitted to testify as experts in any court in the State, or be employed by State, county or municipality as a physician. And further, two years after the passage of the

act, no charge for medical services can be collected by law unless the party rendering the service is a Fellow of the College, or unless the party to be charged has promised in writing to pay the same.

The College can issue license authorizing the holder to practice midwifery.

Many other provisions have not been mentioned, because I do not wish to make this article so long that it will not be read. The salient points given above will acquaint the reader somewhat with the bill, and perhaps induce him to obtain a copy and examine it carefully.

Now, we again ask the question, is it wise? That the State should have a Board of Health to gather statistics and protect the health of our citizens, every one must agree, and so we conclude that part of the proposed law would be heartily endorsed by the medical profession and the people. Then as to the College. The time is coming when the State will be bound to take some action to protect its citizens from the quackery of some, and the ignorance and stupidity of others, who are now, or will be practicing medicine in Texas, and it seems to me that the step might well be taken now. Some efforts have already been made in this direction, but have proved to be lamentable failures, although some good was no doubt accomplished.

This law will kill quackery absolutely and forever in Texas. That is, the traveling kind. It will shut out every incompetent person who might in the future wish to locate in Texas to practice medicine. It will raise the professional standard so high in Texas that to be a physician in good standing here will be an honor that the whole world will be quick to recognize and appreciate. The only effect it will have on those now practicing in Texas will be so make better physicians of them all. My hair is turning white, and I have practiced medicine for many years, and yet if such a college is established I shall hunt up my text books and spend a solid year, or two or three, if necessary, in going over again all the ground-work and bringing myself fully up with the medical knowledge of to-day, and then I would go to Austin and say, "I am ready. Examine me, and if I am competent, grant me the honor of a degree." And so I believe

it would be with every physician in Texas who loves his profession and does not wish to lag behind, and out of the five thousand doctors in Texas, if you could devise some way to put four thousand of them to studying hard for a couple of years, more medical knowledge would be obsorbed in Texas within that time than was ever acquired in any ten years before, and the gain to the profession would be immense, and to the patients immensely greater.

The law, as stated, would not interfere with those now practicing in Texas, except that they would not be allowed to testify as experts, or be employed by the State as physicians, and yet with proper care a diploma from the contemplated College will confer the highest honor, and be a guarantee that the holder is entitled to rank with the best in any land, in medical knowledge. In England the college from which a degree is prized more highly than any other college among English-speaking people, is not a teaching school. No lectures are given by the Faculty, and any one who aspires may apply for a degree of Doctor of Medicine, which the State authorizes it to grant.

It is probable that an inter-leaved copy of the proposed law will be printed, and any physician who will send me his address can have a copy, and he can place his criticisms and suggestions along side of the original, and thus the opinions of all may be consulted and their suggestions utilized, until a perfect bill can be fashioned. The only aim of the author is to elevate the profession and promote the welfare of the people, and to this object every unselfish, intelligent man in Texas, whether a physician or not, will certainly give a cordial support. It is only a question of method. Whenever we can become united on some fair, just and reasonable basis, the battle is won.

Dr. R. H. L. Bibb at Laredo.—Our distinguished collaborator and friend, Dr. R. H. L. Bibb, of Saltillo, Mexico, being worn down with the fatigues of an extensive and laborious practice, asked for and received the appointment temporarily as quarantine officer at Laredo. This is practically a rest;—an asylum for him,—where the JOURNAL hopes, he may soon recuperate his wonted and wonderful energies of mind and body.

Correspondence.

DR. BEALL'S TRIP TO EUROPE.

LIVERPOOL, ENGLAND, August 30, 1890.

Editor Daniel's Texas Medical Journal:

My four months sojourn across the Atlantic nears the end. Men and methods relating to medicine are graven upon the tablet of memory; these I hope in the coming days to recall as satisfactory pleasantries, as gratification to a mind so long engaged in the same line of work as those with whom I have moved in the past just behind me.

In writing you a second letter, in which I will refer to the International Medical Congress at Berlin, and other matters of professional interest, I do not imply any reflection upon you or your spicy journal; for you and they know full well that the work of that great and important body is yet measurably in a foreign language, and still in the hands of the Secretary of the Congress being prepared for publication; that it is only through correspondents who participated in the meeting, that any of the proceedings is known to the profession who were not present.

Arriving at Berlin from Dresden, early Sunday morning, August 3rd, in company with Dr. Ryburn, of Illinois, and ladies, we took carriages and rode rapidly over the great and thriving metropolis of the German empire. Its public buildings, magnificent gardens and parks teeming with the population of Berlin, enjoying the pastime and music of the weekly holiday, was interesting to behold. This gave us an insight to a custom, which rivets the Teutonic race to the "Fatherland." A custom of their early home-life to which they recur in mind and practice all through life, no matter under what sun or flag they may live.

The Congress was opened in the Circus Renz, the day after our arrival. In Karlstrasse, after turning to the left out of Friedrichstrasse, we find a deep opening leading to the circus. At the be-

ginning of this opening, there was erected a triumphal arch, from which beautiful garlands were hung to the very entrance of the building. Just to the side of the opening to the Congress, was Lasser's private hospital, masked in garlands of flowers of every hue and odor, and there could be seen in the midst of this æsthetic display in golden letters, the welcome: "*Orbis Terrarum Universi Medici, Salutamini.*"

Within the courts, at the foot of the steps of the various aisles leading to the circus, were tables laden with salads and viands of many flavors and kinds. Here were also placed well chosen ornamentations, and social groups gathered in this large crescent court just outside the great room, within which met the greatest body of scientists of which ancient or modern times gives us any record. The decorations, flags of all nations pendant from the high ceilings, emblems, etc., within the circus were appropriate, beautiful, magnificent. In the background the "Baths of Caracalla" were painted. In front, overlooking the platform, was a large figure of Æsculapius, and upon his trident there glistened the emblem which adorned the coat lapels of the members. In the royal box, on the left, decorated with superb plants and flowers, was the bust of the young emperor; the opposite box, resembling a temple, showed Minerva in the foreground. The sides of both boxes were embellished with bas-reliefs representing German victories. Within these walls thousands gathered, among whom several hundred ladies were sprinkled. In the arena reserved for the civic and military dignitaries, there could be seen many whose names honor medicine and surgery—honor themselves, and the nations which claim such giants in intellect, and such workers, directly and indirectly for the brotherhood of man. In this great galaxy you could see Billroth, Meynert, Nothnagel, Bardaleben, Kuester, Olshausen, Esmarch, Kraft-Ebing, of Austria; Lister, Paget, Horsley, Simon, Pavy, McCormack, Clark, McEwen, of England; Dujardin-Beaumetz, Bouchard, Apostoli, Ollier, Roux, Cornil, of France; Baccelli, Cantani, Maragliano, Golgi, Foa, Celli, et al., from Italy; Van Beneden, Thiry, of Belgium; Rosenstein, Snellen, Stockvis, Pel, Forster, Pekelharing, of Holland; Iversen, Gent, Lange, of Denmark; Klaus-Hassen, Heiberg, Laache, of Norway; Ketzius, Holm-

gren, Axel, Key, of Sweden; Krocher, Fehling, Sociux, Cordes, DeFour, of Switzerland; Schmidt, Barfut, Danilewski, Puritz, et al., from Russia; Knapp, Senn, Keen, Pancoast, Jacobi, Loomis, O'Dyer, Osler, Tyson, Engelmann, et al., from America; Canada, Mexico, Spain, Turkey, China, South America, Japan, in fact, every civilized nation in Christendom was represented.

Long before the arrival of President Virchow and Secretary General Lasser, the house was filled from arena to uppermost gallery. The diplomatic corps was conspicuous. The German government was represented by Minister von Boetticher, and State Secretaries Maltzan and Oehlschlaeger; the Prussian government by Heerfurth, Miquel and Gossler; the army by Generals Rauch and Pape; the city of Berlin by Burgomaster Forckenbeck, and many others. The great German universities had their rectors and deans in official robes. The Duke Karl Theodor and President Virchow entered the building together and were loudly greeted by the multitude; and when the venerable pathologist, anthropologist and statesman ascended the platform, the greeting was indeed deafening.

I wish I knew the language in which is embodied so much science, sociality and humanitarianism as in that of the German, that I could give you a correct and faithful epitome or full translation of the grand address of the great Virchow on the occasion of the opening of the Tenth International Medical Congress. This task, or pleasure, linguistic knowledge debars me from. I fear, those of us unacquainted with the German language, when forced to rely upon translations for the sentiment, depth of thought, comprehensiveness and adaptability to the occasion and times will lose much of the address of grand old Virchow.

His welcome to the Congress, his reference to those whom he had helped to educate while a teacher more than forty years in a German university, when he spoke of medicine as being one of the sincerest representatives of humanity, when he referred to the fact that medicine was a popular science in Germany, that it was the first International Congress which had even in its inception the sympathy and material aid of government, these together with many other thoughts came forth in words that burned and thrilled, and as a master-piece of thought will live

in print and in minds when jealousies, ingratitude and ordinary efforts are fading and lost in the vanishing past. His transcendently powerful effort closed with this admirable sentiment:

"Having referred to the political peace of Europe * * * we are happy to see ourselves surrounded by so great a number of valued professional brethren, in whom we are permitted to presuppose there exists a desire for peace, for peace nourishes and dissension destroys, who desire to live in accord with all the world in order to pursue the tasks of science and the aims of humanity undisturbed and in our own way, a co-operation to this end will prove a stimulus to diligence—once more therefore, I bid you hearty welcome to our city! May each day contribute more and more to promote full understanding and true friendship amongst us all!"

Dr. Lasser, Secretary General, then delivered his report on the internal affairs of the Congress.

Secretary of State von Boetticher welcomed the assembly in the name of the German empire, by order of the emperor, who regretted being unable to attend in person.

Minister von Gossler welcomed the Congress in the name of the Prussian government.

Burgomaster von Forckenbeck welcomed for the city of Berlin, and gave a condensed account of the hygienic institutions of the city.

Dr. Goff welcomed the Congress in the name of the German societies of physicians and surgeons.

Dr. Hamilton of the "Ninth Congress" then spoke. He was followed by Sir James Paget, the veteran English pathologist, who ascended the platform amidst loud applause, and expressed the thanks and guaranteed the co-operation and sympathy of the English profession. Dr. Bouchard responded for France. Then came the powerful oration in classical Latin of Baccelli for Italy. He is certainly the most impassioned graceful declaimer I have ever heard, excelling Semmola, whom many admired so much at Washington for his graceful declamation and native fire of oratory. Csatary followed for Hungary. Many notable and great men responded for other countries.

After the unanimous election of Prof. Virchow as permanent

president, the honorary presidents were elected. The vice-presidents were: Stockvis, Baccelli, Billroth, Bouchard, Billings, Stokes, Paget, Granger, Stewart, Duke Karl Theodor of Bavaria. The general session then adjourned for lunch to the well laden tables in the outer court of the Circus Renz. Then to the Ausstellungs-Park, Inabnit, where the twenty sections were merged into active work.

The exposition building here was well adapted for the numerous sections. Separate halls, ornamented with plants, flowers and fountains, and adorned with beautiful paintings and artistic works in marble.

Surrounding this immense building, within which were minds, busy as bees, solving the problems that intimately concern human life and happiness, merging hypothesis into facts, were beautiful gardens, and all the comforts that the animal part of the human organism could desire. A feast for the mind within, a feast for the body without.

One of the larger halls was set aside as a committee room for the ladies. This hall was beautified by a magnificent central fountain, and adorned with paintings and statuary, which only masters could have produced. This committee, of which Mrs. Leyden was president, was organized for the convenience, comfort and purpose of entertaining the wives and daughters of members of the Congress.

Outside of the vast and beautiful structure, in which convened the sections of the Congress, were the rooms containing the displays of the appliances of medicine and surgery, including military and hygienic apparatus and conveniences of numerous and varied kinds. Hospitals erected on railroad tracks, field hospitals of convenient construction with the comforts of permanent hospitals, and the latter I saw in the yards of the Augusta hospital. These were well adapted for septic and special cases and convalescents. Numerous were the displays from many countries, showing new, approved and useful instruments, apparatus, etc.

Since leaving Berlin, I have learned that through the influence of Prof. Virchow and others, the emperor has ordered that the display at the Congress shall remain intact as a nucleus for a

museum for all time. This is in keeping with the ideas of the young emperor, who, like Napoleon I., in addition to the milk of human kindness in his nature, would preserve the stability and strength of his nation by conserving health and strength through the medium of every well authenticated means for furtherance of public hygiene and the prophylaxis of disease.

It is well known that a number of addresses were delivered in the general sessions, of which four were held. These addresses, on account of the reputation of their authors, have been translated, and pretty well disseminated throughout Christendom. We are glad to know that our countryman, Dr. H. C. Wood, of Philadelphia, delivered one of the general addresses, and in so doing he forfeited none of his prestige as a therapeutical observer. His subject was anæsthesia. He announced some rather startling views—views that are at variance with the custom of many who use chloroform and ether. He does not admit that respiratory failure always occurs when death takes places during chloroform anæsthesia. In this he differs somewhat from the results of the Hyderabad Commission. He claims that death may ensue sometimes from heart failure, and at other times from respiratory failure. He presented diagrams showing alteratiods in blood pressure during anæsthesia after the inhibition of various remedies, such as alcohol, digitalis, strychnine, morphia, atropia, etc. He deprecates and warns against the use of whiskey and morphia before and during anæsthesia, and claimed that his experimentation showed that strychnia and digitalis were the remedies to be relied upon. How common has been the practice of surgeons since 1847, till this day, to administer whiskey and morphia before using chloroform! This was the invariable practice of the late Dr. Warren Stone, during the years in which we were familiar with that strong man's work.

I shall refer to only one other paper presented in the general session: that of Dr. Robert Koch. I am influenced to do this from the fact that there seems to exist throughout America a widespread misinterpretation of that scientist's views. This I infer from the letters of inquiry I received upon my return to London, and from conversation with a few medical men who were not at the Congress.

I did not understand that Dr. Koch, in his address, stated that he had *discovered a remedy for tuberculosis.* The deductions from the translations I have read fixes in my mind something like this: That for many years he had been seeking agents for the theraphy of consumption, and in doing so had begun with pure cultures of tubercle bacilli. He had found that tar pigments, mercurial vapor, certain etherial oils, the salts of silver and gold, especially cyanide of gold, prevent the growth of the bacilli, which would therefore be expected to keep the disease in abeyance or at a standstill. When the remedies, so effectual in the culture bottles were used against the bacilli in the bodies of animals, they proved inefficient. He said he continued the research, and had found what he had sought. In experimenting with animals, especially the susceptible guinea pig, he could not successfully inoculate that or other animals when they were treated with the substances in question. That even when the disease was far advanced it could be brought to a standstill with the treatment. This fact he hopes will give rise to search for effective remedies in other infectious diseases; and claimed for such work a field for an international contest of the highest and noblest kind.

Dr. Koch *did not divulge the remedy* with which he arrested tubercular processes in animals; but indulged the assertion that he had great hope that a cure was possible for this disease. His care and precaution in regard to a therapeutic success in tuberculosis, or in giving publicity to a remedy, in which doubtless he has great hopes, is but in keeping with the custom of this great scientist. We well know that the discovery of the tubercular bacillus, and also that of the coming bacillus was a secret of his laboratory for several years, and that neither was given to the world until he was satisfied that when promulgated, his views would not be successfully controverted, but instead, corroborated by contemporaries in the same field of work. This we know was done with but few respectable dissensions.

Fearing that your readers, or at least a portion of them, may not have had access to journals, translations, etc., I would like very much, if time and space did not interdict, to review many of the papers of the sections as well as those of the general ses-

sions; but being necessarily limited, the mere reference to them here may stimulate them to an industrious effort to procure the literature that will furnish the brainwork of the representative men who participated with pen and voice at the Congress.

Seven hundred papers were read and discussed. Whilst out of this mass of brainwork it cannot be said that anything startling was presented, yet many hypotheses were strengthened, and peradventure some facts were firmly established.

The papers of Dr. Grainger Stewart, of Edinburgh, M. Bouchard, of Paris,—the former upon "Bright's Disease," the latter upon "The Mechanism of Infection and Immunity"—the address of Mr. Axel Key, of Stockholm, on "The Development of Puberty and its Relation to Morbid Phenomena Among School Children," will deserve careful reading when they can be obtained.

In the gynecological section I heard the paper of Cushing, of Boston, upon "The Drainage-tube in Laparotomies." The paper referred to his personal experience. He claimed good results from the drainage tube; insisted that it should not be too large; and that it should be introduced deep into the pelvis. This, he emphasized. Mr. Tait, in discussing the paper, stated that he was a strong advocate of the tube, particularly in subjects past forty years of age; said he had learned the use of the drainage tube from the elder Keith. Mr. Bantock, my beau ideal of an abdominal surgeon, also advocated the tube. He has a peculiar mode of using it, together with his dressings, which I have seen him apply many times at the Samaritan hospital, and greatly pleased with his method. Other men of reputation responded to Cushing's paper; but they spoke in languages with which I am not sufficiently familiar to attempt a synopsis or even a reference to the pertinent points made. I shall look forward to the transactions for elucidation with much interest.

In the same section Mr. Tait made a verbal report of cases in abdominal surgery. He said that he was an heretic in regard to antiseptic surgery. That he believed in the development of micro-organisms in necrotic tissue, but not in live tissue; that he did not operate upon dead tissue, hence, had no fear of micro-organisms. Some years ago, in my report as Chairman of the

Section on Surgery of the Texas State Medical Association, I discussed Mr. Tait upon this subject or rather referred to his custom or habit in surgery, hence, will not now speak of his stubbornness in the line of asepsis and antisepis. It seemed from the emphasis he placed upon the removal of ovaries and tubes in miomata, that he wished this to be considered the ultimatum of his life work. He stated, that early in life he had begun this operation to accomplish good results in the cases to which he had just referred. That he was aware other means had been brought forward to accomplish the end he sought; but that he preferred to perfect one plan rather than jump about from one measure to another as they bobbed up in the surgical field. He knew good results were reported from Apostoli's method, but he had no personal experience with that treatment.

Dr. A. Martin replied to Mr. Tait. He stated that he and his German colleagues had given Mr. Tait's methods a fair trial in Germany; but had never had the results which Mr. Tait claimed. But as Mr. Tait had come to the Congress and emphasized the results he had formerly reported, he (Martin) and his colleagues would make another attempt at corroboration.

It was evident to my mind that Martin did not believe Tait's statistics; and although he was as polite as practicable in his reply, Mr. Tait being a guest of the Congress at Berlin, Martin's home or city, I could not but think that behind Martin's face and words he did not believe a word of what Tait said. I heard many hard things of Mr. Tait in London, Berlin and elsewhere. I hope they are not true. They did not come under my personal hearing or observation, and I shall not repeat them.

Upon the whole, the Congress was a grand success—both scientifically and socially. The leaders of the profession in Berlin vied with one another in hospitality to their guests, and the Congress was the means of establishing good fellowship among the medical men of the various countries represented. It was a notable and pleasant feature to observe the courtesy and cordiality shown the members of the Congress from France. It will tend greatly to mollify the unpleasant feelings and impressions which grew out of the Franco-German war.

As you already know, the Eleventh International Medical Con-

gress will convene at Rome, the "Eternal City." With Baccelli as president, and with the history of that city, its galleries, sculpture, schools of learning and literature, the doctor who can should by all means go and revel in the sights and the condition that will be presented for his edification at the coming meeting of 1893.

The great energy and industry displayed by the German profession in the scientific work of the Congress was unanimously conceded to be without precedent in the history of its organization. Nor did they lag in the social features of the Congress, which were grand beyond conception. The entertainment at Rathan's on Monday night; the dinners the succeeding nights of the week, ultimating in the final entertainment at Kroll's garden on Saturday, when prima donnas from every country of Europe were imported—even the bonded songstress of Dresden—to entertain us with song; yards lighted to the very heavens with electricity, plants and grass glistening with natural and electrical flowers, tables laden with food and drink—all conspired to render the entertainment a fitting end to the great work of the week.

I lingered at Berlin after the Congress terminated; and the letters tendered me by friends in New York and London gave me unbridled liberty at seeing much of the men and their methods at Berlin.

At the Augusta I was kindly entertained by Dr. Kuster, and saw much of his work. He is one of the best surgeons I have ever met, and is the life of one of the best arranged hospitals I have ever seen. The Augusta is situated in a beautiful park, and while it is not so large as some of the other hospitals in Berlin, its clinics are surprisingly large. Day after day the operative clinic would begin at 1:30 o'clock and never end until nearly or quite sundown. I cannot refrain from referring to some of the views and work of Dr. Kuster. He showed me a number of cases of senile enlargement of the prostate gland which he had entirely relieved by operation. He makes a circular anal cut, extending a linear one to the coccyx and scrotum, dissects down to the prostate and removes conical sections from the lateral lobes. This presupposes that the lateral lobes are principally enlarged,

which he says is often the case, and may be determined by rectal examination. If the middle lobe is affected, he reaches and reduces it by means of a supra-pubic cystotomy. His results are all one could wish. In exsecting bowel for malignancy he varies the procedure from what I saw Pean, in Paris, and Allingham, in London, do. He cuts or chisels off the coccyx, and if necessary, by reason of extension of the disease, does not hesitate to remove a portion of the sacrum so that he may thoroughly remove all disease. This I saw him do in one case. He presented me with a monograph relating many, very many such cases. In a case of lingual cancer he excised one-third of the inferior maxilla (doing a preliminary laryngotomy) and removed the entire organ. The patient was doing well when I left Berlin.

Dr. Kuster is not a strenuous advocate of operative measures upon children who are subjects of tubercular disease of joints. I saw many cases in which he would introduce five or six drachms of an emulsion of iodoform (iodoform 30, glycerine 130) by means of a hollow needle attached to a large glass hypodermic syringe. He repeats the procedure at intervals of four or five weeks. For the hip-joint he selects a point at the inner border of the sartorius muscle, high up, just below Poupart's ligament. At the knee-joint, if pus is present, he introduces the needle, withdraws the pus with the syringe, detaching barrel from the needle without removing the latter, and when the joint is evacuated throws in the emulsion. He claims good results. Mr. Barker, of University Hospital, London, merely cuts down to the joint, curettes and irrigates, removing necrotic tissue and loose bone, throws in the emulsion of iodoform and closes with suture.

I have heretofore referred to Barker's irrigating spoon. As I neglected to secure one while in London, I have taken steps to have a slightly modified one made by Aloe, of St. Louis. I consider the instrument one of the best new things I saw during my absence, and earnestly recommend it to the profession for many purposes.

I saw two cases of actinomycosis in the human subject—one at Israel's clinic, and one at that of Kuster. I also saw mountings of stained specimens of the micro-organisms in both cases. In the case Dr. Kuster treated he used the knife freely at two points

of the abdomen and a point in the femoral region, curetted thoroughly and used Paquelin cautery. The case looked very unpromising.

Hahn at the Friederich-Hohe, is the spirit in surgery of that extensive cottage hospital. I witnessed many important operations by him; and he was very kind and courteous to American callers. Prof. Prewitt, of St. Louis, and I had a very pleasant time at this and the Augusta hospital. We saw a case of practical importance and such as often occurs to the railroad surgeon, pass through the hand of Hahn. A man was brought in who had sustained a railroad triple injury. The left arm was crushed at the shoulder; the left leg crushed at the middle of the leg, and right foot crushed. Instead of making immediate amputations he cut off the hanging members with scissors, ligated the important vessels liable to bleed when reaction should come, dressed antiseptically, bandaged, had patient wrapped warm, put to bed with external heat applied, and awaited the occurrence of a condition in which he could tolerate proper amputation. I was pleased with his management of the case, and suggest it for adoption. However, this case survived only five or six hours from the time of accident.

An interesting case was presented in the person of a woman whose left breast and axillary glands had been removed eight months previously by Hahn, for cancer. She now returned with same disease in right axillary glands, but not in right breast. He removed the breast and glands both. Was this a primary infection? or was it secondary to the disease for which the first operation had been done? Dr. Hahn emphatically sustained the latter hypothesis!

I visited Von Bergmann's clinic a number of times, and there noticed an innovation from most recent operations (although at one time in vogue with many); i. e., stuffing the wounds of operations with antiseptic gauze and leaving them so for several hours before applying the permanent dressings.

I was very much impressed with the great size of the tracheotomy tubes used by the German surgeons. This was observable at both the Augusta and Friederick's-Hohe hospitals. Their surgeons wrap the instrument with antiseptic gauze or lint before

forcing throufih the cut in the trachea. The tubes I saw used several times in London are larger than those we are accustomed to in America, but not so large as the ones used in Germany. I saw Pean, of Paris, insert a very large tube in a case of tnbercular disease of the larynx.

During the second Sunday of my stay in Berlin, I visited Dr. Israel's clinic; and in my whole life have rarely seen such an interesting collection of cases. They were cases brought together for the purpose of observing results after weeks, months and years had elapsed since the date of operation. No operation was done during the clinic, but case after case was brought in that we might see the result of work at a time subsequent to the date of operation. We saw many cases in which he had removed a kidney; a great many in which he had performed operation upon the hip and knee joints; a number in which he had done plastic operations for restoration, or for forming noses. We were pleased with the results; and I heard a St. Louis surgeon remark that in his mind they stamped Israel as a *natural* surgeon. Dr. Israel showed me the entire removal of the facial nerve with branches in a manner that was new and novel to me. An incision was made below the malar bone, the nerve seized by a slender parallel bladed pair of forceps, then by turning the forceps laterally over and over the nerve and all its branches external to the infraorbital foramen were completely wrapped there around. I saw the nerve thus removed afterward spread upon a plate and covered with gelatine; and it was indeed a splendid specimen for the anatomical study of that nerve.

All persons upon first visiting the Olshausen clinic, as soon as they are registered, are presented with a card which states: It is expected that visitors shall have had a bath, changed their linen; that they shall not have been about infectious diseases, nor in a dead-room within the two days immediately preceding their visit, and that they shall remove coat, vest, suspenders and cravat before entering the operating room. This card was written by Schroeder. Upon my first visit to the operations of Olshausen, I was presented with one of these cards which at once reminded me that Mr. Bantock, of the Sanitarian, London, requires a similar course to be followed by those who visit his

operations. On one occasion, at the Great Ormond St. Hospital for Children, London, while I was giving attention to internal medicine with Dr. Barlow, I fouud myself almost in the dead-house, at an autopsy in a case of diphtheria. I suddenly recalled that I would be with Mr. Bantock the following day when he would do an abdominal section. I did not enter the room; but the proximity with which I came, caused me to repair to a bath-room and make a complete change of toilet, before going to the Sanitarian. I hope Mr. Bantock will not hear of this acknowledgment; for I very much admire the man and his methods, and would dislike for him to know that I ever jeopardized his statistics by a little absent-mindedness.

The radical cure of hernia by operation which seemed to have taken hold of the surgeons of America several years ago, is found much in vogue in Europe, in all countries, and with many operators. This impetus for radical relief, which in the past was relegated to the truss-maker, for treatment but not cure, can be accounted for in no way other than the safety with which operations can be done by the methods of modern Listerism, compared with the surgery of pre-antiseptic days. The more accomplished operators have some special technique for the radical cure of hernia; but when analyzed, little or at least unimportant variation from the methods known as McEwen's and McBurney's, or what may be called the British and the American methods, will be found.

At Westminster I saw Mr. Davis suspend a child in Sayre's jury-mast for the purpose of dividing the tendons in a case of torticollis. I do not commend the plan; merely mention the fact to indicate an Americanism in London. It protracts the operation, and limits it to a tenotomy that may not be complete. 'Twere better to make an incision, under proper precautions, that the tenotomy may be done surely, under the eye.

We know that Wyeth and others, in America, have had an experience in wiring the patella in cases of its fracture. That their results were such, they do not very highly recommend that procedure in such injuries. But in London it is different. Cases of wiring occurred under my observation at King's College Hos-

pital, in the service of Sir Joseph Lister, as well as that of other metropolitan surgeons.

The great amount of tubercular disease prevailing in Europe, affords one a fine opportunity to see the surgical methods essayed in such cases. In any city one may visit one will find it convenient to witness excision of joints. There will be observed some variations in technique, according to the operation and operator. Hahn, at Berlin, resorts to the plan advised by Wyeth, and so often done in New York, using steel nails through the head of tibia and into the condyles. In London, the plan usually resorted to is to saw through the patella, either transversely or horizontally, remove diseased membranes, cartilages and bones, wire and dress in fixation splints, either plaster of paris, supplemented with iron strips, or a Thomas splint. They are sanguine of success in most cases.

At the Royal Opthalmic hospital, London, I met friend Chilton, of Dallas. This is perhaps the greatest field in the world for this specialty. I very much enjoyed the clinics there; and greatly admired the kindness, politeness and skill of Mr. Teay-Lang and others.

I will refer to one more city, and the clever surgeons whom I there met, it being the city at which, while awaiting the good ship, City of Norfolk, I began this letter.

At Liverpool there is being built one of the model hospitals of the world. A committee was sent through Great Britain and the continent of Europe for the purpose of investigating hospital designs and systems, and the result of their work is the Queen's Hospital at Liverpool, which is now nearly completed. It is certainly a beautiful piece of handiwork, and will contain and furnish facilities possessed by few hospitals.

In the old hospital I saw Mr. Paul resect the colon for obstructive disease, a stenosis of several days standing. He adopted the decalcified bone process, as devised by Senn, of Milwaukee, using both Czerny and Lambert sutures. The operation lasted one hour and a half, and when completed, the patient, a woman, was put to bed in good condition.

I had the pleasure of assisting Mr. Parker, with whom I became very much in love, in a beautiful operation upon a boy,

who, two years previously received an injury, which resulted in urethral fistula. There had been great loss of structure from the early urinary infiltration and sloughing. Mr. Parker did me the honor to accept my suggestion of an Americanism (Marcy's buried suture), and when the operation was completed, the parts looked well, and I am satisfied, will result in permanent relief to the lad. I am promised in the near future a letter giving me results in these two cases, the last I witnessed ere I returned to America.

I might extend this letter, written *currente calamo*, and which I know is very disconnected, speaking here and there of work I witnessed abroad; might extend the scribbling into internal medicine, to which I generally devoted the mornings, but I fear you will conclude there is "too much smoke for so little fire," and I know you have a waste-basket hard by, and a gas jet overhead; hence, I will close with this suggestion: When your readers have read all the good articles in your journal, if any time is left for which they have no especial use, they may then go to sleep over or wade through this letter with the hope that some idea may be found; and even though disappointment follow the reading, 'twill not be the first time in life such have wasted the gliding moments.

Yours truly,

E. J. BEALL.

LETTER FROM BIRMINGHAM:—TAIT'S OPERATIONS, ETC.

Editor Daniel's Texas Medical Journal:

The last operation performed by Tait to-day was one for vesico-vaginal fistula. The woman was placed on her side, Sims' speculum introduced, milk injected into the bladder and which, running through into the vagina, discovered the location and size of the fistula. It was situated about half way the anterior wall of the vagina. Tait was kneeling upon a low foot stool. He seized the margin of the opening with a long handled tenaculum, raised the tissues and with a narrow bladed bistoury rapidly cut out the

fistula by including it in the elliptical piece excised. With his peculiarly shaped needle, three or four silver wire sutures were now inserted, which were twisted by the ends of his fingers, a Sigmoid catheter introduced into the bladder and the operation was complete. Simplicity and rapidity here, as in everything he does, was "the order of the day."

Several years ago, at Dallas, a woman applied to me with evidences of suppuration in the iliac region, which was considered to be an abscess formed, or forming, in the vicinity of the ovary. A long and deep incision was made, when exit was given to a large quantity of offensive pus, after which the cavity was thoroughly washed out and drained. Healing was slow and never complete, for a sinus was left through which, for many months, menstruation regularly recurred; thus demonstrating a connection with the Fallopian tube. The case passed out of my hands as I refrained from trying further operative measures. A similar case was seen by Tait on yesterday, its pathology believed to be the same as the one just narrated, and an operation decided on. Determining the direction of the sinus with a probe, the abdominal cavity was opened low down, the end of the incision terminating well into the tissue of the mons. Tait said that an old adherent ovary and tube were the cause of the trouble. These organs were imbedded in a mass of dense, well organized exudate involving the abnominal wall, uterus, bladder and broad ligaments. An attempt was made to free and raise them to the abdominal incision—a task which sorely tried even the skill and perseverance of Tait. Necessarily, there was much traumatism, and this involved a considerable rent in the bladder, but extirpation of the diseased parts was ultimately accomplished. The hole in the bladder was promptly sewn up, irrigation made, and a drainage tube introduced. A Sims' catheter was left in the bladder. Tait remarked that a man might well hesitate to operate in such cases, and that he would express no opinion concerning the future of the patient just operated on. However, twenty-four afterwards the case is progressing finely.

More than two weeks have now elapsed since Tait performed a Porro operation after his method, which modifies the original procedure, and which I have elsewhere described. Yesterday

morning, Tait exhibited the patient to the class. You may partly conceive how deeply impressed we were with the wonderful resources of our art when utilized by a master hand, as we stood at the bedside of this patient who, smiling with maternal pride and contentment, fondled her lusty young Briton as though she had never passed through the serious ordeal which gave him to her. And when Tait approached the bed, the very climax of gratitude and reverence was expressed in every line of her face. I thought that Tait, himself, was strongly moved, inwardly, although he said not a word which betrayed any emotion of satisfaction. He vouchsafed but one remark:—"Gentlemen, there has been no rise of temperature of consequence."

On yesterday after the day's work was over, Tait said:—"You all dine with me at half past seven o'clock;" and so we did, only the members of the class being present. To thoroughly know this remarkable man, you must meet him on occasions disassociated from his professional work, or at least, as far as this is possible, for wherever he may be, he is more or less constantly reminded of his patients by messages—verbal, written and telegraphic. On the occasion referred to, we formed an enjoyable symposium, with Tait in the triple role of genial host and proposer and umpire of our conversation—a position to which he was in all respects entitled although, much unlike the vain Coleridge, Tait arrogates not to himself all the talking. To give you even a synopsis of the subjects discussed—we rose from the table at 11 o'clock p. m.—I shall not attempt, but I may say that Tait somewhat unburdened his soul on the question of antiseptics—a thing in which he takes the greatest interest, and argus-eyed, watches its different and developing phases. Tait is a thorough believer in the existence and true influence of germs—he has often seen and studied them. He knows that they manufacture products which may, or may not, be poisonous. He knows also, that they are the veritable scavengers of the human system as of that of other animals. They dispose of dead animal tissue; they will not, they cannot—*rei natura*—attack or in any way injure that which is vitally active. The latter is unfruitful soil—it repels them. This is the ordering of nature—a harmonious working out of means to ends, and the ends specifically justify the means;

but if this be the *naturæ lex* and undesirable, or rather disastrous in its immediate or remote effect then the *artis lex* may supplant the entire process by limiting severely the function of the germ—there must be no ends to meet, or as little as possible. So is the life history of the germ—its function—understood; a fact established not so much by cultures or microscopical investigations which continually befog us in theoretical tergiversations that we vainly expect to yield practical results in surgery, but by closely observing the conditions under which germs thrive and multiply, and without regard to their essential form and movement. It is time he says—speaking broadly—that we largely return to the teaching of the fathers of medicine while not undervaluing much that modern times have demonstrated, or at least, may foreshadow. Let us study more the natural history of disease, and let us do this more intelligently, more systematically. But as regards the case in question—suppuration—this is a disease! Its essential nature we may not understand despite the many theories and dimly outlined facts advanced in this direction. As in the case of the French nobles who spurned the theories of Rousseau—if I recollect aright—the theories we reject may yet return and "flog" us, but the "flogging" will be none the less hard to bear if we are true to our convictions now. "Every action is consistent so it be honest in its hour." True! but it is very questionable in medicine at least, how much of honest, or rather of common sense and practical result there is in being blown about "by every wind of doctrine." Germs may have much to do with suppuration, but we have grasped enough of the governing fact to show that devitalization of tissue is, for us practically, to be considered the *fons et origo* of the diseased process. Here is the basal fact, the established proposition, so to speak; the germ is the corrollary—the natural concomitant, even the welcome arrival upon the scene in some cases. But we look apart from the germ to account for this devitalization. Does not this devitalization often occur deep within the tissues of the body? How does suppuration begin in the hip joint? How are deeply situated cold abscesses formed? Admitting the restless, aggressive and ubiquitous nature of the germ can it, like the screw-worm or the trichina, bore an entrance to such remotely situated

regions? But if these microscopic harpies are carried by all the many devious channels of the body—arteries, veins and lymphatics—why are not our systems a continual riddle of more or less large abscess cavities? Why is pus an adventitious, a hurtful, nay! a fatal component of the animal economy? The differences in the form and nature of the germ will not here supply the answer, for if the pyogenes aureus and the streptococcus be said to be the specific cause of the suppuration in deep abscess, as well of that on open surfaces, were they not in the former case circulating in the healthy body; or did they exceptionally and instinctively bore an entrance for the express occasion? How were they intelligently directed to certain points? If they normally exist in the human body, why do they not oftener cause suppuration? On the other hand, is it not rather the condition of the soil which attracts and develops the germ? But if the farmer properly prepares and keeps clear the ground how can the tares grow? If the surgeon makes the wound with the minimum amount of traumatism, and refuse materials be given full and speedy exit, how can the germ subsist with such unnatural environments? As a matter of fact, shown by Tait's results, do they so subsist and multiply, or do they die of inanition? Shall we look to the soil, therefore, and not to the germ as the prime consideration? In other homely words, but none the less expressive, shall we begin "at the right, or the wrong end of the stick." Shall we work from the facts in sight and add others when they discover, as Newton did, or deductively from a theory whose practical application varies as the frequent disappointment which such application brings, as witness the many phases through which Lister has compulsorily passed his complicated antiseptic dressings, the last of which, moreover, adding a new element of danger—the risk of mercurial poisoning. It must be admittted that Tait's practice corroborates his logic as much as that of the antiseptics do theirs. Tait's end of the stick—he believes—is equally notched, if not more so. The whole question may still be *sub judice*, but of one thing we may be well assured, no amount of antiseptic precautions will compensate for bungling and loss of time in operating. In any event, here we stand on solid ground, and it is a lesson, yea! a revelation to see how

Tait in every conceivable item strives to avoid these errors. He constantly devises new ways, indeed, every appurtenance of the operation to be performed is ordered to economize time. The time and labor of the surgeon and the safety of the patient are thus husbanded, germs to the contrary, notwithstanding. Let me give an incomplete illustration: While the German operator at Berlin has not yet finished shaving and making antiseptic the parts in the operation of perinconhaphy, Tait's operation is well and completely done, and yet germs never interfere with the healing of the parts after the operation which Tait does on the perineum.

If you want to correct, or confirm your views of men and things as formed from what you read just "go abroad." Surely in things medical, "distance lends enchantment to the view" oftener than it does otherwise. This does not apply to Tait. His writings are a perfect reflex of what he thinks and does; but if you take the latter in the sense of substantial achievement the same cannot be said of Mr. John Clay, of Birmingham, with his asserted cure of cancer—Chian turpentine. Right here I am willing to retract the confidence I have elsewhere expressed in Mr. Clay,s writings on this ubject, for Chian turpentine, as a curative remedy for carcinoma, is a thing of the past; there are none so poor here, in the home of its origin, as to do it reverence with the probable exception of Mr. Clay himself. Chian turpentine has been exhaustively tried both in private and hospital practice in this kingdom and is proved, beyond all question, to be "a dead failure." At the Queen's Hospital, Birmingham, full opportunity was given for testing its virtures, Mr. Clay, himself, supplying the drug for the experiment. To employ a slang Americanism: "It is no good." Consequently, "It is unwept, unhonored and unsung." Cancer now as before the claims of Chian turpentine as an abortive means were heralded and persistently adhered to by Mr. Clay, is even more rampant with growing frequency and rebellion to treatment. "Chian turpentine may, as some other things do, slightly modify the course of cancer but cure it never!" So says an eminent surgeon of the Queen's Hospital who is familiar with all the phases of this subject. If there be any treatment for this dread malady, an early application of the knife is

the only means offering any hope. And this reminds me of two operations cleverly done at the Queen's for carcinoma of the rectum, one of which I saw,—total ex-section of this portion of the gut; preceded in both cases by inguinal colotomy. This operation goes by the name of "Madelung's operation," and is now on trial as a preferable substitute for lumbar colotomy. The following histories of the cases have been kindly sent me by Mr. Marsh:

"I. C., æt. 29, admitted into the Queen's Hospital, Birmingham, England, February 23, 1889, with an adenoid carcinoma of the lower three and a half inches of rectum; involving the whole circumference except a small extent of the anterior wall. Duration of the disease about eighteen months. In Chicago, United States, seven months prior to admission, it was diagnosticated carcinoma, and for some months previously had been under treatment for "piles." March 1, 1889, the patient under an anæsthetic, the usual incision for inguinal colotomy was made and the colon found without difficulty; a loop of six inches was drawn down to anchor the upper end to guard against subsequent prolapse, and the bowel obliquely divided with the scissors. A few bleeding points were tied with fine catgut, and the edges of the lower opening were folded in and sutured with a continuous catgut suture (modified Lambert). This end was now returned to the abdominal cavity, and the the upper orifice which had been carefully held by an assistant, was sutured to the edges of the abdominal wound by interrupted sutures *passing through all the structures.* The man made an uninterrupted recovery, and was up on the tenth day. Ten days later, excision of the rectum was performed. An oval incision was made around the anus and deeply back to the coccyx with a scalpel, scissors being employed to complete the operation. A large cavity was left bounded by the sacrum behind, the bladder in front and the peritoneum above, the cavity of the latter not being opened, Hemorrhage was copious during the operation, but easily controlled by pressure subsequently, no vessel requiring ligature. The man again made a rapid recovery, and was discharged from the hospital on May 26, 1889, a small sinus remaining. A few months later this had quite closed, he felt well and strong, having gained over twenty

pounds in weight, and able to walk easily ten to fifteen miles. He had control over his motions, and experienced no trouble from the artificial anus.

"August, 1890. He keeps strong and well, no sign of recurrence. For the last twelve months he has been driving a Hansom cab. Although he had been provided with an elastic belt with india rubber pad to fit the artificial anus, he had neglected to wear it, feeling more comfortable with a pad kept in place with a loose linen band. Consequently, there was a bulging of the abdominal wall and considerable prolapse of the bowel, notwithstanding that the mesentery had been rendered taut at the time of operation. The original belt, however, entirely remedies this, and since he has recommenced wearing it there has only been a slight prolapse. The perineal wound keeps soundly cicatrised, the tuberosities of the ischium appearing very prominent."

This case was exhibited at the annual meeting of the British Medical Association at Leeds, in 1889, and again at the annual meeting in Birmingham, 1890, and was favorably commented upon by those who saw it.

"Mrs. N. aet. 53. Duration of symptoms quite twelve months. Colotomy performed as described in previous cases on August 17, 1890. Did very well locally, but kept feeble constitutionally; very little recuperative power, and suffered a good deal of pain of growth which involved sphincter area and anal margin. Excision of rectum (four inches) on September 14. Lymphatics outside of rectum involved posteriorily some distance upwards in hollow of sacrum. Excision of these doubled length of operation and gravity. Patient rallied fairly well from primary shock, the packing removed following day, no hemorrhage, but good deal of serous oozing. Relapsed and gradually sank and died three days later—September 7, 1 p. m."

Mr. Marsh is a competent and experienced surgeon, with a healthy admixture of caution, self-possession and determination in operating. He is a disciple of Lister, and very soon will have the latest antiseptic dressing of the latter in full working operation at the Queen's Hospital, to which he is one of the attending surgeons. In answer to my question: "How do you account for Tait's success without the use of antiseptics," he said:

"Tait is a thorough aseptic operator." He is also the best abdominal surgeon in the world."

The Queen's Hospital is one of the best constructed, best regulated and best equipped institution I have ever seen, but one of its surgeons, a colleague of Mr. Marsh—Mr. Jordan Lloyd—has promised to soon show the "second best hospital in the world"—the Workhouse Infirmary of Birmingham. *Nous Verrons.*

Fairness in dealing with medical questions compels me to make another retraction. In my editorials in the Texas Courier-Record of Medicine, I pleaded for more respect to be shown the protest of Wharton Jones against the acceptance by the profession of Conheim's teaching concerning the immigation of the white blood corpuscles in inflammation.

On investigating the matter here, I am informed that:—"We never took Wharton Jones seriously," and that: "No fact in pathology seems to be fixed on a more stable foundation than Conheim's demonstration." Now let my good friend Ward, of Waxahachie, exultingly say: "I told you so." I can only rejoice that I make no claims to microscopy, and only knew Jones from his plausible writings. At Birmingham, however, I can estimate him at shorter range as I can others of whom I had heard much, but of whose "authority" hereafter, I shall, myself, not think "seriously." Truly yours,

HENRY K. LEAKE, M. D.

Birmingham, England, Sept. 6, 1890.

Society Notes.

CIRCULAR LETTER TO THE MEDICAL PROFESSION OF THE STATE OF TEXAS.

DEAR DOCTOR:—The total neglect of Preventive Medicine in our State, through the failure of previous Legislatures to frame enactments on Sanitation, notwithstanding the earnest and repeated prayers of the profession, and the wide-felt necessity for such legislation, has placed our great and wealthy State in a con-

trast, anything but honorable, with the position occupied in this matter, by no less than thirty-five States which have created Boards of Health, charged with the care of the public health, and with the care of admitting none but competent physicians to practice medicine and surgery within their limits. Nay more, every death from preventable disease now taking place in Texas, is another proof of culpable neglect on the part of past Legislatures.

Believing the Legislature shortly to be elected, will be more accessible to appeals to their reason, and to their sense of duty, as also to the growing interest taken by the people at large in sanitary measures, the Committee on Legislation of the Texas State Medical Association, earnestly and most emphatically solicit your active co-operation in formulating the wishes of the people, and of the medical profession in a petition to the two Houses, copies of which will be furnished you, that the action taken may be uniform and systematic.

To this petition it would be well to obtain the signatures of the candidates for leglslative honors in your county and district, and in addition, as many signatures as you can obtain in your neighborhood. Doctor, let each physician be earnest in this matter, in season and out of season; let each one be an apostle of humanity and of progress, and the reproach will pass away from us, that while State provision is promised for the health of the cattle of our State, human life continues to be the cheapest commodity in Texas, and she still continues to furnish a sure asylum for all quacks and charlatans, driven from more enlightened States by their laws regulating the practice of medicine, excluding the incompetent.

Preventive or State Medicine and Sanitation, an important branch of it, are not, as is generally supposed, of modern origin, although practically it had become obsolete in modern times, until early in this century, it became a living question, principally through the advocacy of Chadwick, Simon and others in Great Britain; and later in the United States, thanks to the labors of Bowditch, of Boston, and N. S. Davis, of Chicago, supplemented by a host of others, until it has become the most important

question of the day, as affecting the public health and the conservation of life.

The fact that thirty-five States of the Union, have created boards of health, one of them, Florida, having called a special session of its Legislature for that purpose, suffices to show the paramount importance of sanitary supervision, in the estimation of statesmen.

What has been done in the great, the wealthy, the Empire State of Texas? Virtually nothing; save for a costly quarantine establishment and a law, which remains a dead letter, the public health has been left to take care of itself, the unsystematized efforts of individual physicians have remained nugatory for want of concert of action and of organization.

The Mosaic Law consisted in great part of regulations of personal and public hygiene.

The Mahometan Code contains one feature worthy of imitation in the daily ablutions prescribed as a part of their religious ritual. The empress city of Rome, seated on her seven hills, could point to no grander features in her domestic polity, than the aquaducts and baths which ministered to the health and comfort of her poorest citizens, and wherever her legions bore their conquering eagles, like structures arose, and remain to this day, enduring monuments of the enlightened civilization of the mistress of the world.

It is a crying shame that outside of a few cities, a human being is consigned to the tomb, with no more recognition by law than one of the lower animals, and with no more authentic record of his existence than if he had never been.

The facilities afforded to secret crime by this want of legal record, are too obvious to require discussion. The same arguments apply to the registration of births as of deaths. The very existence of a human being, involving it may be, vast interests, cannot be proven in Texas by law by any but oral testimony, which, in the lapse of a generation or two, vanishes forever! Common sense, as well as judicial reason, dictates that of every birth and of every death occurring in the vast territory of our State, there should remain an authentic and lasting record! The record of marriages is already provided for by the law, and with

a record of the births and deaths would constitute a complete civil status of every one born and dying in the State.

The spread of Asiatic cholera in Europe, Asia and Africa, admonishes us that we should be up and doing; that the pestilence which walketh in darkness, and cometh like a thief in the night, may ere long be at our gates, and find us unprepared. Yet we earnestly wish to impress on the people, that the deaths from preventable disease, far outnumber those from epidemics, and the continual daily dropping of lives, which might have been saved by sanitary precaution, swell the mortuary records and increase the death rate more, far more, than the direst visitations of cholera, of yellow fever, or of the much dreaded small-pox, which latter, a law enforcing vaccination would soon eradicate from our land, as has been done in other countries, notably in Denmark.

It has never been fully comprehended by the Committee, why the protection to life and health afforded by local boards of health should be restricted to the residents in cities, to the exclusion of the people inhabiting the rural districts. The children of the farmer are as dear to him, as those of the denizens of cities can be to them, and are entitled to the same protection, neither more nor less, and in their name and in that of equal justice, we demand it at the hands of the legislative branch of our State government.

It has been demonstrated by the Michigan Board of Health that the services rendered by rural boards of health, have been even more marked than in cities. It has been computed by Sir T. Spencer Wells, that the pecuniary loss to Great Britain from sickness, amounts per annum in the aggregate to £20,000,000 or $100,000,000.

In that country, thanks to the admirable health system, dating from 1838, forming an integral branch of the government, as it should be here, the death rate has diminished four per thousand per annum, a saving of 12,000 lives a year. Taking this basis of calculation in Texas, with a population of 3,000,000, the pecuniary loss per annum from preventable sickness, would amount to one-tenth that of Great Britain, or $10,000,000, and what figures shall represent the care, the anxiety the mortal agonies of watchers

by the couch of the victims of preventable disease, all of which, we repeat, are evidences of the most culpable neglect on the part of the legislators, who failed to perform their most important, their most urgent duty, in the protection of the people committed to their charge, in their lives and health. How pitiful does the economical, nay, the penurious considerations of the legislative body appear in the light of the above facts. Out on such economy which sacrifices human life to political calculations! The statesman who shall rise above them, will live in the memory of a grateful people, and be crowned with a wreath such as conqueror never wore.

In the palmy days of the Roman Republic, the civic crown of Oak Leaves which adorned the man who saved the life of a Roman citizen, ranked above the laurel wreath of her Cæsars, her Pompeys, her Antonys. Might it not be well to revive some of the practices as well as the theories of the great Republic of old.

We have in the foregoing pages, touched on but a few of the crying evils due to the question of the public health having been totally ignored by the law-makers of Texas. We believe that a new era is at hand, that public opinion has been educated to that point, that it will demand appropriate legislation; we believe that the members of the new legislature are now alive to the gravity of that question, and that an appeal to them by the great mass of the people will reach willing ears. Hence the movement which the Committee on Legislation seeks to inaugurate. The remedy for the evils enumerated above, and for many others, is to be found in a State Board of Health appointed under the provisions of the Constitution, having cognizance of all matters affecting the health of the people, and constituting a branch of the State government as it does in many other countries, with longer experience than ours.

The appeals on behalf of the people of our State by the medical profession, have heretofore been met by arguments of economy, urging the cost to the State. The political economy which ignores the safety of the people, to save them a few thousand dollars per annum, is not of the highest order, and elsewhere would hardly be deemed respectable.

The central board of health should have under its supervision and direction, a board in each county, of say three members, one of whom should be the health officer, and be charged with the duty of receiving registration of all births in the county, as also of all deaths, interment without a permit from the health officer being declared an offense punishable by fine. In extensive counties the members of the county board could act as deputy health officers to save inconvenience to those having to make declarations of births or deaths in their families.

In this manner an absolutely correct statistical statement could be prepared of the births, marriages (the latter obtained from the county clerk under the present law), and deaths, with the ratio of increase by births, and the ratio of mortality to the population. This would be, to use a commercial illustration, taking stock of our people, and a correct and invaluable guide for sanitary measures, as showing the prevailing and more fatal diseases throughout the State. Furthermore, the supervision of local health reports by a central board, would compel correctness in their details and their results, aud would prevent the egregious lying of figures, notwithstanding the proverb; and in nothing is this more conspicuous than in sanitary reports, based on incorrect premises, to the advantage of certain localities. In the event of an epidemic of contagious or infectious disease breaking out, these local boards would constitute the machinery necessary to isolate, and if possible to limit the ravages of disease; at present nothing of this exists, and if Asiatic cholera should reach our shores, a perfectly possible contingency, all would be hurry, alarm, confusion and inefficiency. A single case of small-pox may inaugurate a reign of terror to our families, dislocating the relations of commerce and of business of every description, and who shall stay it? The increased rapidity of travel and its vast extension may lead to an invasion of the interior by yellow fever, as happened in 1867, and who shall cope with it?

The creation of a Central and Local Board of Health would add a mere fraction of one cent on the hundred dollars of the assessed value of property in the State, and would be the most useful expenditure ever authorized. A very small supplementary

tax levied by each county in the ratio of its population would suffice, and would save many lives.

Ere another Legislature can assemble two years must elapse. Now is the accepted time. Ere the expiration of two years more the pestilence may have swept over our land, which God forbid, leaving thousands of desolate homes and bereaved families to mourn the blind infatuation which left all to the care of Providence.

Providence endowed man with the intelligence which is his attribute, that he might help himself, and then Providence will smile on his strenuous efforts.

We implore the people to lay this matter to heart; it interests every human being in the State, not only in his own personality, but as affecting those dearer than self. It is a duty incumbent on every individual to unite in demanding of our Legislature prompt and efficient action.

In advocating the creation of a State Board of Health, a most important and much needed object contemplated by the Committee on Legislation is an efficient law regulating the practice of medicine in all its branches, which will put to flight the hordes of impostors now preying on the ignorance of our people, who have no means of discriminating between the legally qualified and competent physician and the impudent quack. The law desired by the Committee would embody the following as its principal features:

1. The State Board of Health, composed of physicians nominated by the State Association and appointed by the Governor, shall constitute a Board of Examiners, before whom all persons intending to practice medicine or any of its branches, except dentistry, in the State, shall present themselves for examination.

2. A general register of the legally qualified practitioners of medicine and surgery of the State of Texas, of which the State Board of Health shall be the custodian. This register shall be open to all who at the date of the passage of the law shall have qualified under the laws now or heretofore in force, and to those qualifying by examination under the new law. The value of this register as a means of guiding the people in their choice of physicians, is self-evident.

3. Anyone claiming to practice medicine, whose name is not borne on the register, shall not be competent to recover at law payment for medical services; he shall not be exempt from militia and jury duty; he shall not be admitted to give expert testimony in any court of law, or to give a medical certificate to be used in litigation; he shall not be eligible to any medical appointment, State, county or municipal, or as a medical examiner for any life insurance or benefit society doing business in the State; and he shall be subject to punishment by fine or imprisonment, or both, for illegal practice of medicine, on conviction thereof in a court of competent jurisdiction. The necessity for amending the present apology for a law regulating the practice of medicine, is pressing to every one who has given the subject a thought. The remedy is in the hands of the people; let them make known to the Legislature their will in the matter in language not to be misunderstood, and the desired reform will be made, and the stigma will no longer attach to our State that while the practice of dentistry and pharmacy have been regulated by law, and the health of our cattle is promised protection, yet the health of her sons and daughters, the true wealth of a commonwealth, has been totally neglected and no adequate means provided for its conservation.

GEO. CUPPLES, M. D.,
THOS. D. WOOTEN, M. D.,
J. W. MCLAUGHLIN, M. D.,
T. J. TYNER, M. D.,
————————, M. D.,
————————, M. D.,
Committee on Medical Legislation, T. S. M. A.

The above address from the Committee on Medical Legislation, to the number of 6000, has been struck off in pamphlet form and a copy will be sent to every physician in Texas, as well as to a large number of prominent laymen. Each letter was accompanied by the following note; and a petition, of which the following is a copy, was enclosed in each:

SAN ANTONIO, October 16, 1890.

DOCTOR:—Counting on your hearty approval of the objects of

the present move for Medical Reform, and your co-operation in securing it, we venture to suggest that you interest as many influential members as possible of your community in obtaining signatures to the petition to the Legislature, as also the local press, and that you return the petition by the 31st of December, with as many signatures as can be procured.

Address the petition to me at San Antonio. Fraternally yours,

GEO. CUPPLES,

Chairman Com. on Medical Legislation.

THE PETITION.

To the Honorable the Senate and House of Representatives of the State of Texas:

Your petitioners would respectfully represent that the absence of a public health system in our State leaves the citizens without any protection from epidemic or contagious disease; in view of this alarming fact we most urgently pray your honorable bodies that you will, without delay, frame such enactments as in your wisdom, will meet the necessity, by providing a general health system.

Furthermore, in consequence of there being no efficient law preventing the practice of medicine by incompetent and ignorant persons, we most earnestly and emphatically ask that such a law be made as will require all persons who may hereafter seek to engage in the practice of medicine to give evidence to a legally constituted authority, of their fitness and competence for the exercise of the responsible privilege, no matter how, when nor where *acquired;* in order that the people may be enabled to distinguish the true and qualified physician, from the mere pretenders to medical knowledge. Respectfully submitted.

WEST TEXAS MEDICAL SOCIETY.

SAN ANTONIO, TEXAS, October 1st, 1890.

DEAR DOCTOR:—You are cordially invited to attend the Sixth Quarterly and regular Annual Meeting of the West Texas Medi-

cal Association, to be held in San Antonio, October 29th, 1890, at Scholz's Hall. Three meetings will be held daily; at 10 a. m., 3 p. m. and 8 p. m.

Papers will be presented by the following gentlemen: Some Reflections and the Cause and Treatment of Potts Disease of the Spine, by Jos. L. Bauer, M. D., of St. Louis, Mo. Inflammation, Ulceration and Perforation of the Appendix Vermiformis, by A. S. McDaniel, of San Antonio. Peroxide of Hydrogen, by G. W. Kerr, M. D., of Waelder. Report of Cases of Perineal Section, by B. F. Ringsley, M. D., of San Antonio. Report of Case of Aneurism of the Palmar Arch, by R. Menger, M. D., of San Antonio. Hay Fever, by H. J. Trolinger, M. D., of San Antonio. Other papers of interest by local members have been promised.

At the night session the election of officers to serve for the ensuing year will be held. The session will close with the regular annual banquet. Very respectfully,

G. W. Kerr, M. D., President.

D. Berrey, M. D., Secretary.

RESOLUTION AS TO A STATE BOARD OF HEALTH.

Gainesville, Texas, September 11, 1890.

Whereas, From time to time the physicians of the State of Texas have used every honorable endeavor, without avail, to secure an enactment creating and establishing a State Board of Health; and

Whereas, From the experience of other States, and other good reasons, we believe that the interests of our State and people would be better protected, and served more efficiently and economically, and feeling that the importance of the creation of such Board has become so apparent and urgent that the question assuredly presents itself as a great public necessity; therefore be it

Resolved, By the Gainesville Medical Club that in the interests of the State and people, and for the public welfare generally, we unanimously favor and urge the creation of a State Board of

Health, and that we will unite with the medical profession of the State in unequivocally directing and calling the attention of the incoming administration and next Legislature to the vital and paramount importance of the question.

A. C. SCOTT, M. D., Sec'y. R. C. BLACK, M. D., Pres.

The Southern Surgical and Gynecological Association.—The preliminary programme of the session of this association, to be held in Atlanta, Ga., November 11, 12, and 13, prox., has been received.

The President is Dr. Geo. J. Engelmann of St. Louis; Vice-Presidents, B. E. Hadra, of Texas, and Duncan Eve, of Tennessee; Secretary, W. B. Davis, of Alabama. The programme embraces thirty papers to be read, as far as announced, some of them by very distinguished men. A cordial invitation is extended to the medical profession to attend.

Complaint is made that Texas has not her full quota of representatives in this association, and Texas surgeons are urged to attend and to contribute papers, in order that our State may keep up its reputation.

The Cherokee County Medical Society held a very interesting meeting July 3rd, at New Birmingham. Dr. B. F. Brittain, President. Puerperal fever was ably and exhaustively discussed, and several valuable papers were read. We regret that we did not receive a report in time to give it in full. This is one of the best and most progressive societies in the State, and they are doing much good work.

No Inserts.—Attention is called to the fact that the JOURNAL has discontinued the practice of inserting advertisements between the leaves of the reading matter, which was objected to by some of its readers. It is hard to please everybody, though we try our best to do it.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

A PULL ALL TOGETHER.

THE JOURNAL is much gratified to observe and announce that the Committee on Medical Legislation has adopted and carried out to the letter the plan outlined in our last issue, to secure concert of action in the matter of asking for medical legislation,—the establishment of a State Board of Health, a law to regulate the practice, etc.

It will be seen by the circular letter to the profession, published elsewhere in this issue, that the Committee have forcibly set forth the reasons why such legislation is needed and asked for; and that they have adopted the JOURNAL'S suggestion of sending petitions to all the local societies, to be signed by their members, and by other reputable physicians, not members; it is also contemplated to secure the siguatures of a large number of influential laymen; and when *six thousand* petitions, each signed by two hundred or two hundred and fifty citizens and physicians are presented to the Legislature,—each one through the representative of the district whence it emanates,—it will certainly open the eyes of the legislators to the fact that the question is a living and vital issue, and no longer to be "pooh"-"poohed," and called "class legislation;" they will see that the *people* begin

to appreciate the fact that while even their cattle have State protection, their families have none whatever in the matter of life and health.

Salus populi est suprema lex—is a proverb which, to the present time, has been fearfully parodied in Texas; the health of the people has been more neglected than the cattle on the plains,—but *nous allons changer tout cela;* and hereafter it is to be hoped Texas may, like the Romans of old, truthfully boast that the welfare and prosperity of the people constitute the supremest law, and they shall be guarded henceforth with jealous care. Great is Texas—in all save sanitary science;—and she is being awakened to its vast importance through the agency of the State Medical Association, voiced by this JOURNAL.

It can be demonstrated that a State Board of Health, such as exists in other States, can be operated at less *cost* to the State than our present quarantine system in time of no invasions. There have been no epidemics threatening even—and yet the quarantine expense has been more than that of the average Board of Health. True economy demands the establishment of a good board at the earliest possible moment, and the enactment of a law which shall limit the privilege of dealing with life and death—practicing medicine—to the hands of those who have been trained and educated in medical science.

SPOTS ON THE SUN.

Scientists tell us that the sun is a body in a state of active incandescence; that the spots which are visible on its face are volumes of smoke arising from beds of carboniferous matter in a state of combustion.

These spots, as vast and dismal as they are, appear to the earth's inhabitants quite insignificant. Certain it is, they neither perceptibly diminish the sun's light nor its heat. It is only on close inspection they assume importance; and the closer they are scrutinized the blacker they are.

So with "spots" on one's character; it must be a large and black "spot" indeed to overshadow all the good in one's life; yet,

generally, the more closely they are scrutinized the blacker they seem.

So, in communities. There are black sheep in all flocks, they say. The presence of a few unworthy persons in a State Medical Association should not, does not, detract from the merits of the body as a whole; it is only when the characters of those who are unworthy are investigated singly and without reference to the society, that they loom up dark and dismal. They do not perceptibly diminish the lustre of the body to which they belong; do not detract in the least from its dignity, its ability or its honor.

We have said on former occasions that the presence of an element of unworth in the State Association leavens the loaf and brings discredit upon the whole. This is only partly true, and applies to the laity only. Scientifically the Association is unaffected by their presence.

On several occasions, the JOURNAL, inspired by the hope of inciting to a higher standard of qualification for membership, has pointed out where, in its judgment, mistakes had been made, and persons admitted to membership who are really unworthy of the Association, It is to be hoped that we all may profit by experience.

In the Texas State Medical Association are men of distinguished ability, and of untarnished reputation; in fact, the great majority of its members are men of a very superior order; and the Association stands to-day in the very foremost rank of medical and scientific bodies, and shines as a star of first magnitude in the medical firmament. That there are a few isolated cases which constitute the exception should not, and does not detract in the least from its brilliancy. Its works speak for themselves; they have given the Association a front place even in the estimation of our European confreres who were for a long time loth to admit that any good could come out of Nazareth.

The JOURNAL'S sole aim is to advance and elevate true medicine, to commend the good, to denounce the false and bad. To the promotion of the best interests of legitimate medicine in our adopted State our best endeavors are conscientiously dedicated, and we claim, and without fear of successful contradiction, that

the policy of the JOURNAL has largely contributed to the bettered state of the Association, the better enforcement of its laws and the quicker and more satisfactory dispatch of business; as well as to the greatly increased membership. By personal solicitation, as well as through the JOURNAL many good men have been induced to join us in the good work.

THE COMING OPERATION FOR CATARACT.

Dr. T. J. Tyner, of Austin, has devised and performs an operation for cataract which is, as far as he knows, entirely original. It is ingenious, yet practical, and greatly simplifies the operation. It consists of a preliminary capsulotomy, which, of course, does away with iridectomy.

He prepared a paper on the subject, intending to read it at the recent International Medical Congress at Berlin, where he went as delegate of the Texas State Medical Association, but although his name and the title of the paper were on the programme for the first day's session in the Ophthalmological Section, and he was present and prepared to read it when his name was called, he did not have an opportunity to do so, for just as his name was called and he stepped forward with his paper, the chairman announced that the hour for adjournment had arrived, and adjourned the section. Dr. Tyner and many of his friends protested against the injustice, but without avail. The paper was also on the programme for the last day—but still opportunity was not given him to read it.

The above facts are submitted without comment.

But, truth is mighty and will prevail; the operation is a decided advance and—as surely as the sun shines—it will supersede all others for cataract extraction; it cannot be downed.

The *N. Y. Medical Journal*, of Sept. 20, publishes the paper in full, and that our readers may have the benefit of it, we will reproduce it in our next issue. Many European ophthalmologists who were attracted by the title of the paper, as it appeared on the programme, came to the author and asked him about his mode of operating, and all pronounced it ingenious and—so far

as known to them—original. It is much to be regretted that the paper was not read and subsequently incorporated in the proceedings of the Congress.

TRANSACTIONS FOR 1890.

The Transactions of the Texas State Medical Association for 1890 has been published in a handsome octavo volume and bound in neat purple cloth and gold, uniform with the preceding volumes. Six hundred and fifty copies were printed. There are in round numbers five hundred members of the Association, and it takes about one hundred and fifty to supply the medical press, State medical societies, public libraries, etc. It is a handsome volume, and the contents will compare well with any preceding issue.

Copies have been sent to all active members who have paid their dues, to honorary members, and to the leading medical journals, secular press, sister associations, libraries, etc., to the number of about four hundred and fifty.

PARTICULAR NOTICE.

The Secretary requests the JOURNAL to announce that there are one hundred and fifty-six copies in his office, wrapped, tied and addressed to members who have so far failed to pay their dues for the current year; and that by resolution he is prohibited from mailing them until all arrears are paid. Upon receipt of the amount due from any of these members, or upon notice from the Treasurer that any one has remitted, the Secretary will be pleased to put 14 cents on his volume and mail it. Don't blame the Secretary; he would be unworthy of your confidence did he not carry out the instructions of the Association.

Diuretine, New Diuretic.—This agent purports to be a species of double salt—a salicilate of theobromine and sodium. It is soluble in half its weight of water. The adult dose recommended is about 15 grains and may be repeated five or six times in the twenty-four hours.—London Correspondent *Journal American Medical Association*, August 26, 1890.

Medical News and Miscellany.

Dr. J. F. Eaves has removed from Welbourne to Millican.

Dr. R. F. Minnock has removed from Bosqueville to Waco.

Dr. W. B. McKnight, of Springtown, is taking a special course at Bellevue and will be absent till February.

Dr. A. V. Doak, of Taylor, has been elected President of the Taylor, Llano and Corpus Christi Railroad. The Doctor has made a big fortune in real estate in the growing city of Taylor.

Wanted.—Six copies of DANIEL'S TEXAS MEDICAL JOURNAL for July, 1890, (Vol. 1, No. 6). Will pay 25 cents each for them, singly or all together. Address this office.

F. E. DANIEL, M. D.

Neutralize Nicotine.—An enterprising medical man, says a London correspondent in the *Journal of American Medical Association* for August 26, has discovered a method of rendering tobacco harmless to the mouth, heart and nerves without detriment to its aroma. A piece of cotton wool, steeped in a solution of 5 to 10 per cent. of pyrogallic acid, inserted in the pipe or cigar holder will neutralize any possible ill effects of nicotine.

Kind Words.—"I find this number 'redder' and better than ever. The editorial, 'Doctors and Doctors,' is worth a year's subscription. I think I never read anything better *put together*, or more needed than that editorial; it cuts many "Smart Alecks' to the core; it is timely and fitly spoken, and is like 'apples of gold in pictures of silver.' Long may the red-back JOURNAL live to stand up bravely and fearlessly for legitimate medicine." Yours fraternally, B. D. S.

Dr. E. J. Ward, of Waxahachie, one of the pillars of the Texas State Medical Association, and a coming president; one of

the ablest and most voluminous contributors to the Association's volumes of Transactions, the JOURNAL regrets to learn, has fallen into bad health and been compelled for a season to give up both professional and literary work. He is recuperating at Corpus Christi, where we hope the mild climate and invigorating sea breezes will soon fetch him out.

The catalogue of the New York Polyclinic shows an attendance for the session of 1889-90 of 422. The following extract shows that the Faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school:

"Practitioners who are graduates of regular medical colleges, or who, having attended one or more courses of lectures at such college, have a legal permit to practice, will be admitted."

Here He is Again.—"P. O. Valley Mills, Sept. 24, 1890. Dear Dr you Will please be So Verrey Kind as to Send me a Sample Copy of Your Med Journal if is not asking to Much if not i Should be So Verrey glad to receve one and remember the faver in the future yours varey truly, Dr. T. F. S, eclectic."

[Verbatim.—ED.]

The Sneak in the Profession, as everywhere else, is a very contemptible fellow. He is one who professes friendship to one's face and behind one's back traduces and villifies him—*on the sly*, under the seal of secrecy. He is one who cannot strike one a blow himself—*because* of professed friendship,—but he can and does (confidentially) ask others to strike. *Can* anything be more contemptible? And—yet, Cæsar was an honorable man.

We are much pained to see a bitter personal controversy going on between two of our most esteemed contemporaries in the West. Come, brethren, drop it; life is too short and each of you can so much better occupy your time, exercise your talents and can fill your sprightly journals with matter so much more interesting to your readers. Brethren should dwell in harmony; we are all working for the same glorious end—the elevation of true medicine; let us all pull together.

Dr. Shuford's Anal Speculum.—The Parisian Inventors' Academy has conferred upon Dr. Q. A. Shuford, of Tyler, Tex., the title of "Corresponding Honorary Member, with attribution of a diploma and the great gilded medal."

The Speculum is patented in the United States. Tiernan & Co. are manufacturing it and will soon place it on the market. Our readers will be duly notified of its advent for sale through the JOURNAL'S advertising columns. We have heard the Speculum spoken of in terms of high commendation.

"Mama, make Johnnie behave heself." "What is Johnnie doing, my son?" "Why—every time I hit him on the head with the tack-hammer—he—he—hollers!"

Certain parties take it upon themselves to persecute certain other parties; to misrepresent them, and do them every species of injustice, and when the "certain other parties" *strike back*,—a great howl is raised,—and Johnnie must be made to "behave heself." See?

One of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of their Soluble Food and Lacto-Preparata and contained extensive and valuable machinery. They had considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondingly enlarged.—*Dietetic Gazette.*

Commendation.—*Editor Daniel's Texas Medical Journal*: "I have just finished reading the September number of the 'Red Back'. In 'Quackery in and out of the Profession,' verily you have 'hewed to the line;' and I thank you for and compliment you most heartily on the able manner in which you have handled the subject. 'Lay on, MacDuff.' This is just exactly what will bring about a healthy reaction—a purging out, as it were, of unworthy—though apparently gentlemanly members of the Association. In this, I'm sure, you will have the support of all good men, in and out of the profession; and while the object

may not be attained during your life time, it is sure to be reached sooner or later. With kindest regards. Yours, B."

The State Medical Society of Arkansas, has established a journal, to be published monthly. It was done upon recommendation of the President, and is to be the official organ of the Society. It is to be conducted on the same plan as that of the Journal of the American Medical Association. The control, editorially and otherwise, is given to five trustees, as follows: P. O. Harper, J. H. Southall and J. A. Dibrell, of Little Rock; Z. Orto, Pine Bluff, and W. B. Lawrence, Batesville. The Journal is to take the place of the yearly volume of Transactions heretofore issued, and Vol. 1, No. 1, which we have received, (July 1890), contains the President's address and a number of papers read at the last meeting, May 1890. Subscription $2 a year. Managing editor, Dr. L. P. Gibson, Little Rock, the Secretary of the Society.

Prize Essays.—The Society offers a prize of $100 for the first and $50 for the second best essay, upon any subject within the domain of Medical Jurisprudence, which is open to April 1, 1891.

The award of the Clark Bell prize of 1889 has not yet been made.

The following Committee of Award has been named, who are now considering the essays:

Judge L. A. Emery, of Maine, Chairman; Dr. W. W. Godding, of Washington, D. C.; Senator C. K. Davis, of Minn.; Judge Elisha Carpenter, of Conn.; Dr. David W. Yandell, of Ky., Prof. V. C. Vaughan, of Mich.; M. Louise Thomas, of N. Y., Secretary.

Vice-Chancellor Green, of N. J., and Prof. John Elwell, of Ohio, appointed upon the Committee, have been compelled to decline by reason of pressure of public duties, and these vacancies have been filled with the names of Dr. D. R. Wallace, of Terrell, Texas, and Judge A. L. Palmer, of New Brunswick.—*Medico-Legal Journal for January Qu.*

We are much gratified to see the name of Dr. D. R. Wallace on this committee; it is a *national recognition* of his ability and a merited compliment to a most worthy physician and laborious worker in the field of medical science.

Publisher's Notes.

Hysterical Seizures.—I am happy to state that Peacock's Bromides has fully gratified my expectations in such cases as hysterical seizures, insomnia, general nervous irritability, either local or constitutional. A case of epilepsy is so far improving as to widen the intervals more and more between the attacks.

HAHNVILLE, LA. V. LEHMAN, M. D.

Dr. A. C. Bernays unhesitatingly recommends the *Campho-Phenique* in preference to Iodoform as a finishing dressing over all sutured wounds. During the operation, carbolic acid, bichloride of mercury, boric acid, salycilic acid or any of the usual dilute solutions may be used to wash and irrigate the wound, but as a finishing dressing, one which can be left alone longer than any other, possessing more powerful germicidal qualities, which are not readily lost by evaporation, the gauze or cotton or lint moistened with Campho-Phenique is superior to anything he has ever tried.—*Medical Mirror.*

Hereditary Rheumatism and Rheumatic Gout.—Our postmaster, Mr. J. C. White, had been confined to his bed with rheumatism in the feet, knees, hands and elbows for twelve weeks, so helpless that they had to feed him as you would an infant—in fact, he was so low that I thought his recovery doubtful. He commenced taking Tongaline, and before he had taken one bottle he was able to sit up, and before the second bottle was all taken he was able to resume his duties in his office. That was over five years ago, and since then Tongaline has held his rheumatism in check.

His type of rheumatism has been very severe and peculiar. Never had it in the back, hips or shoulders. Lost two older brothers by it in the Atlantic States several years ago, and I have good reasons for believing that he would have died five years ago if it had not been for Tongaline.

I can safely say to any one suffering from a gouty type of rheumatism in hands, elbows, knees or feet, that Tongaline will surely help them.

WARNER & CO.'S

SOLUBLE SUGAR-COATED

PHOSHPORUS PILLS.

Prepared for Physicians' Prescriptions.

SPECIFY WARNER & CO.'S FOR FULL THERAPEUTIC EFFECT.

Pil: Phosphori, 1-100 gr., 1-50 gr. or 1-25 gr. (W. R. WARNER & CO.)

DOSE—One pill, two or three times a day, at meals.

THERAPEUTICS—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

Pil: Phosphori Co. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ext. Nucis Vomicæ, ¼ gr.

DOSE—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating the digestion.

Pil: Phosphori cum Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-50 gr.; Ext. Nucis Vom. ⅛ gr.

DOSE—One or two pills, three times a day, at meals.

THERAPEUTICS—This pill is especially applicable in Atonic Dyspepsia, depression, and in exhaustion from overwork, or fatigue of the mind. Phosphorus and Nux Vomica are Sexual Stimulants, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Ext. Nucis Vom. ¼ gr.

DOSE—One or two pills may be taken two or three times a day, at meals.

THERAPEUTICS—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

Pil: Phosphori cum Ferro et Quinia. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Quiniæ Sulph. 1 gr.

DOSE—One pill to be to be taken three times a day, at meals.

THERAPEUTICS—Phosphorus increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Ext. Nucis Vom. ¼ gr.; Quiniæ Sulph. 1 gr.

DOSE—One pill, to be taken three times a day, at meals.

THERAPEUTICS—The therapeutic action of this combination of tonics, augmented by the specific effect of Phosphorus, on the nervous system may readily be appreciated

PREPARED BY

WM. R. WARNER & CO.,

MANUFACTURERS OF

SOLUBLE COATED PILLS.

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J. J. TOBIN, AGENT IN AUSTIN, TEXAS.

At different times he stopped taking it (for a short time), but attacks of rheumatism came on, and he would have to take it in larger doses to break them up. Therefore, by my advice he takes it regularly every night on going to bed. I find in his case that two teaspoonfuls in a swallow of water, drinking a good draught of water afterwards, has the best effect in keeping off attacks.

I really believe that if he could have taken Tongaline in the earlier stages of his disease, it would have entirely cured his rheumatism, but the disease acquired such a hold on his system, and so crippled his hands and feet that it is really wonderful he found anything to hold it in check. Another wonderful thing about Tongaline is that after taking so much of the medicine it still retains its effect on his system, and by taking it regularly prevents attacks of rheumatism that otherwise would surely prostrate him. J. W. Fox, M. D., Carson City, Nevada.

The Jenness-Miller Magazine for October, which has just been issued, is perhaps the most interesting number of that publication offered the public. It comes with an increased number of pages and many really bright articles touching congenial topics, trenchantly written and elaborately illustrated. The features treating of common sense, healthful and artistic dress and physical culture, are by competent authorities, and will appeal to the reason of every woman who can or does appreciate the admirable points of the *Jenness-Miller* system. As a whole, it is a number that every woman should read. Among the excellent contributions to be found within the pages of this attractive book are those on "Physical Culture," subject—The Philosophy of Motion; "Politeness;" "Social Etiquette—Mourning;" "Tapestry;" Mrs. Miller's story, "The Philosopher of Driftwood;" "A Classic Toilet;" "A Girl Student's Year in Paris;" Fashion and Fancy; Book Reviews, etc.

Subscription price, $2.50 per year. Single copies, 25 cents.

Address THE JENNESS-MILLER PUB. CO., 363 Fifth Ave., New York.

DANIEL'S

TEXAS MEDICAL JOURNAL.

A Representative Organ of the Medical Profession, and an Exponent of Rational Medicine; devoted to the Organization, Advancement and Elevation of the Profession in Texas.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

Vol. VI. AUSTIN, NOVEMBER, 1890. No. 5.

Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

PRELIMINARY CAPSULOTOMY IN THE EXTRACTION OF CATARACT.

BY T. J. TYNER, M. D., AUSTIN, TEXAS.

[Prepared for the International Medical Congress.—ED.]

OWING to the great amount of literature recently devoted to the subject of cataract extraction, I owe it to you as a matter of courtesy, as well as in justice to myself, to say I would not presume to bring it forward now had I not failed after diligent search to find a precedent for the operation which I shall hereafter describe, and which I believe possesses some merit. The nearest approach to it is in opening the capsule with the point of the knife, as it enters the anterior chamber while the section is being made, and with which you are all familiar.

The leading point in the operation is in making the capsulotomy the primary step, thereby enabling the operator to deliver the lens at the very moment the corneal section is completed. I will not encroach upon your time with the progressive history of the many methods devised by different operators, nor with the detail of this operation as to instruments, antiseptics, after-treatment, etc., as they differ in no essential particular from the generally accpted measures in other methods.

Supposing the eye to be now ready. A Bowman stop-needle is thrust into the anterior chamber—the pupil having been previously dilated—the point of which, and also the entire field of the incision, are in full view.

The capsule is now lacerated in its upper quadrant, the line of incision corresponding to the upper pupillary curve of the iris. In this manipulation and in withdrawing the needle, the greatest care should be observed that no aqueous is lost. The eye is now practically undisturbed and as favorable for the corneal section as before, which is to be done quickly, using a Græfe knife, preferably rather broad. When the section is finished, pressure with the flat of the blade causes the corneal opening to gape, when at the same moment counter-pressure with the fixing forceps below aids the expulsion and the lens glides out through the still open pupil with surprising ease.

I will mention here that the lens, having no choice, or rather no other avenue of escape, almost always indicates a tendency to follow the knife as the corneal incision is progressing, and when it is finished the lens is partly in the anterior chamber. I state this to demonstrate why it is so promptly delivered, and that the foregoing expression is not extravagant.

The operation is simple throughout and easily done, and is accomplished when the most difficult part in other methods begins. An additional point of interest is: If the lens is susceptible of being dislocated—and this is made manifest as soon as the needle touches the capsule—there is, in my experience, no way to accomplish it so perfectly and harmlessly as with the needle at this stage of the operation. This is somewhat similar to Delgardo's method, and, strange to say, was the result in my first case, which occurred last October. Since then I have performed the

operation twelve times with a good result in each one, or, to be more definite, with the exception of two cases, the result was far better than that formerly achieved. In the two cases referred to there was severe iritis with posterior synechia, and in four others it was manifest, but only in a mild form. In the remaining six cases there was absolutely no reaction. I am inclined to think the iritis was in part due to the excessive strength of the atropine used in dilating the pupil, which, a few hours after the operation, reasserts itself, hence crowding the iris nearer the corneal wound. I now use the weakest solution of atropine that will serve the purpose. Eserine might be useful in some cases, though as yet I have not felt the necessity of resorting to it.

I neglected to mention in the foregoing statement that in three of the foregoing cases the lenses were extracted in their capsules.

If you will now bear with me a few moments longer, and I trust not without interest, I will relate the circumstances, which by the way were partly accidental, that led up to the development of the operative procedure above described. In July, 1885, I operated on a Mexican, and while I was opening the capsule, having done an iridectomy, fluid vitreous escaped so rapidly that the globe was so collapsed that the lens could only be delivered by the aid of the iris forceps, having fallen into the posterior chamber. Singular to say, there was a good recovery with useful vision, which result encouraged me a few weeks later to attempt the extraction in the other eye. Anticipating the same condition of vitreous, the thought suggested itself to open the capsule with a needle previous to making the corneal section. This was successfully performed, and, while there was loss o vitreous (fluid), it was slight compared to the first. This case is recorded in the published statistics of Texas surgery in 1886. This little procedure passed out of my mind until the discussion became so general in regard to a return to the simple extraction, which later on was adopted by most operators. It was not my wish to give up the iridectomy, but in the mean time, however, I had several cases in which the lens popped out through the pupil just as the section was completed—one in which I had opened the capsule with the point of the knife as it entered the

anterior chamber, the patient at the moment the section was finished squeezing the eye. Another case was traumatic, in which the particle of steel could be distinctly seen in the lens, and had thoroughly lacerated the capsule. This was a fac-simile of the preceding case, the fragment of steel coming with the lens. This case, together with others, impressed upon my mind that the lens indicated a tendency to escape, and, as a consequence, sought the course of least resistance. Upon this hypothesis I endeavored to make the simple extraction in this way—*i. e.*, by opening the capsule with the point of the knife; but it was attended with so many failures to make the rapid extraction without injury to the iris that I abandoned it. About this time I recalled to mind the preliminary capsulotomy done with the needle in 1885, and a few months later (after returning from my summer vacation) I put it into practice with the results above given.

For Daniel's Texas Medical Journal.

MALARIAL HÆMATURIA.—HEMORRHAGIC MALARIAL FEVER.—YELLOW DISEASE, &C.

BY H. A. TUTWILER, M. D., FLATONIA, TEXAS.

Read at the West Texas Medical Association Meeting August 8, 1890.

THIS disease, known by each of the above names, is, in our judgment, one of the most important that we are called on to treat throughout the South. From South Carolina to the Rio Grande, there is hardly a county in some part of which it is not prevalent. A disease, not of our cities, in which it is rarely found, but confined to our creek and river bottoms, where the physician has no drug stores to call upon, and few, if any opportunities of calling in medical assistance. Dependent entirely upon his own resources and with the facts staring him in the face, first, that it is one of our most fatal diseases, the mortality ranging from forty to sixty per cent.; and second, that the treat-

ment as adopted by different practitioners is so different, that it is hardly to be wondered at that one hesitates which method to adopt, losing valuable time, or adopts that plan of treatment which the results show not to have been the best. That it is a disease of comparatively recent date is shown by the fact that our medical works make no mention of it. For instance, in the Practice of Medicine by Dr. Samuel Dickson, of South Carolina, there is nothing to be found concerning it; although we know he was one of the foremost practitioners of his time. A man of accurate observation, ripe knowledge and large experience. Even in those of our late medical works to which we have had access, we have found very little on the subject. The causes are essentially malarial, although we have long thought that there must be some additional cause, from the fact that although we have malarial fevers here every year, often of a pernicious type, and with a high rate of mortality, yet we often pass over several years without a single case of this disease. The pathology, as given by those authors whom we have been able to consult, is just about what we might expect from the external appearance,

AN INTENSE BILIOUS CONDITION

of all the viscera, even the blood itself being highly charged with bile. The kidneys much congested. The liver and spleen enlarged and softened, the latter often breaking down at the mere touch of the finger; brain in its natural condition. Dr. Berangen Feraud characterizes the disease "as a pyrexia of variable intensity, accompanied by an intense jaundiced condition of the skin and a discharge of dark colored, almost black urine, with vomiting of bilious matter and sometimes of blood." There is great prostration, a high temperature accompanied with a phenomenally slow pulse, often intermittent. The tongue is dry and covered with a thick, dirty, yellowish white coat. The bowels are almost always constipated." Men are more likely to contract the disease than women, and it is more fatal with the former. My experience also has been that brunettes are far more likely to suffer than blondes. We have never seen a case in a negro, but have heard of several.

The diagnosis is so simple and so plain that it is hardly nec-

essary to do more than glance at it. After exposure to malarial influence for a variable period, the patient is taken with rigors, pain in the region of kidneys, soon followed by a high grade of fever, the jaundiced condition of skin, the prostration, nausea, bilious vomiting, and dark colored urine. It is generally the case that by the time the physician reaches the bedside the condition is so pathognomonic that it would be next to impossible to make a mistake. The chances of an attack as given by Ferand are as follows: "After one year's residence in a malarial region, 5 per cent., after two years 22 per cent., after three years 42 per cent. The danger of a second, third or fourth attack is even greater."

We have known cases in which the patients were prostrated as often as four times, by the disease, in as many years, and finally dying from it.

TREATMENT.

So far as the causes and diagnosis are concerned, we find no ground for dispute among the medical profession, whereas now we find differences of opinion so great that it is impossible to reconcile them. We believe first and foremost that evacuants are more strongly called for, in the begining, than any other remedy, and that without their aid, all our efforts to relieve the bilious condition or to cure the infection will be futile. And our experience has led us to favor calomel for this purpose, above all other remedies. For an adult we rarely begin with less than ten grains and repeat every two hours until the bowels are thoroughly cleansed out. We give it dry on the tongue, allowing the patient to wash it down with a small drink of water. It not only relieves the constipated bowels, and assists in carrying off the surplus bile, but given in this way it acts as a diuretic, and is the only diuretic from which we have ever seen any benefit. If possible, we give the patient a hot bath, and by *hot* we mean just as hot as it can be borne. Repeat it as often as necessary. It stimulates the patient and relieves the kidneys of much hard work. To check the nausea and vomiting, we have found nothing better than hot water, sipped slowly and often, or a hot infusion of peach leaves, made fresh every hour or two,

and used in the same manner. Do not make any effort to force the kidneys by using the medicines known as diuretics. During our experience in this county of twenty-four years we never remember to have seen any benefit from their use. Mustard applied to the stomach, wrists, ankles and spine; kept on until considerable counter-irritation is set up without blistering, is often beneficial, but we deprecate the use of blisters. In the few cases that we have known of their being used they did great harm without any compensating benefit. As soon as the bowels are moved, or even before, give quinine with a liberal hand, never mind about weighing it. Give in teaspoonful doses, and repeat it just as rapidly as the patient will bear it, until you get its constitutional effect. Ten or fifteen minutes before each dose of the quinine give a hypodermic injection of morphia. Feraud says it "does good by checking the bilious condition." Whether it does or not, we cannot say, but we do know that it benefits our patient to retain the quinia salt. We remember an almost hopeless case which we treated two years ago. We gave one drachm sulphate of quinia within two hours, together with one quarter grain dose of morphia hypodermically every few minutes [?] until the patient was thoroughly under its influence. He made a good recovery although he was past middle age, and was much broken down from chronic malaria.

Where there is partial heart failure we have several times had good results from the use of caffein. It certainly seems to me to act more quickly, and its action to last longer than any other remedy we have seen tried. As my experience with this disease is almost entirely limited to this county, we wish the remarks to be understood as applying only to this county. The disease here is never, as far as my knowledge goes, seen on our prairies, unless brought from the swamps. Therefore we have made it a rule to strenuously insist on the removal of the patient beyond the danger point; which here will be only a matter of a few miles. Even before he can sit up, haul him out, and my word for it, with ordinary care and nursing, you will find your patient improve for every day and every mile of change. As every patient is more likely to suffer a second or third attack than he was the first, it is best to advise an entire change of climate, and if

that is impracticable, at least a change for a few months. There having been but little of this disease here since the introduction of antipyrin, acetanilide, phenacetine, etc., we have had no opportunity of trying them sufficiently to express an opinion as to their merits. And as all my cases have been too far from railroads to procure ice with facility, we cannot say much about it. From what little experience we have had, we have hardly been favorably impressed with it. Nor would we fail to exercise great caution if we should see occasion to use it in the future. We have corresponded during the year with many physicians, both in this and other States in regard to this disease, and although their ideas and opinions differed widely in many respects, yet we only received one communication in which the writer objected to the use of calomel. He claiming that it did no good, but was hurtful, and sometimes the cause of death. Of the same opinion is Dr. Feraud who, in writing of "melanuric bilious fever," as he calls it, says: "After more than three hundred observations, I have become convinced that calomel is an inefficient and dangerous medicine in this disease, and if my ideas were adopted, calomel would *be excluded from its treatment.*" This is the opinion of the chief surgeon of the French navy who was sent to the French Colonies by his government for the express purpose of reporting upon the disease, and who, we believe, remained there a year or more. Such an opinion, from such a source, cannot be treated lightly, however much we may differ with its author. We had some thoughts of giving extracts from the many letters received by us, but this would render the present essay too long for your patience, which has already been sufficiently taxed. If what has been written calls forth opinions from better informed and more capable physicians and results in good to humanity and to our profession it will have accomplished all the writer desires or expects.

Dr. Schaffer recommends the use of suppositories cut from a cake of glycerine soap as a substitute for glycerine enemata. The soap is said to contain 30 per cent. or more of glycerine, and the remedy is as effectual in this form, he claims, as it is when used pure.—*New England Med. Monthly.*

For Daniel's Texas Medical Journal.

REPORT OF A CASE OF SUDDEN DEATH IN LABOR.

BY L. H. HARDY, M. D., PAIGE, TEXAS.

Read before the Austin District Medical Society, March, 1890.

WAS called to see Mrs. B. on the night of November 14, 1888. Primapara age twenty-two years. Married eleven months. Health during pregnancy very good. I reached the house, in the country about three miles from home, about 11 o'clock, and found the patient suffering with an occasional premonitory pain. The night being cool, I did not go immediately to the bedside but warmed myself half an hour. On examination found the os sufficiently dilated to admit my finger, by the use of which I tried to induce better pains. Finding the condition all right as far as I could tell, and seeing no necessity of remaining by the bedside, I resumed my seat by the fire. At short intervals I would repeat examination, making efforts to bring about better pains.

After waiting two or three hours for the pains to increase and finding but slight dilation, I gave eight or ten grains of quinine, as I frequently do, which I have found effectual in many cases. Pains coming on more frequently, but of short duration, I began the use of chloroform, hoping thereby to make the pains more bearable and to relax the muscular system. All the while I was trying to encourage the lady to be patient, and assuring her that all would be well in the course of time. Finding that labor was not progressing as satsifactorily as desired and seeing patient's fortitude failing, I started a messenger after instruments and told him to bring Dr. T. W. Styles.

Up to this time nothing in the condition of the patient gave rise to the least suspicion of impending mischief. When all at once an intense and horrible dyspnoea came on. She gasped and struggled for breath, endeavoring in vain to get more air. Muscles of face and thorax were violently agitated in the attempt to oxygenise the blood. The lips and face were deeply cyanosed.

Her cries were the most heartrending I ever heard, asking for help and saying that she was dying. I immediately saw that death was inevitable unless something could be done. I ordered whiskey given and mustard applied, and as soon as I could I admistered digitalis and belladonna hypodermically. In less than fifteen minutes after I first noticed the condition of the patient she had breathed her last.

During my last examination I told patient her's was a tedious case, but I hoped that pains would soon change and that she would soon be delivered.

Such, gentlemen, is the only case of sudden death ever witnessed by myself, and I trust to never have the same sad experience again, for I have felt the effect of the loss of that case, especially in that neighborhood.

The question arises: What was the cause of death in the case just related? Could it have been shock? Rupture of heart? Bursting of aneurism? Or was there an obstruction of pulmonary artery? I am inclined to think the latter. No autopsy was had.

[In addition to the above queries as to the cause of death, it might be suggested that rupture of the uterus is a very frequent cause of sudden death in labor. It is to be regretted that post mortem examinations are not more common in such cases. Dr. Hardy is certainly not gulty of any mismanagement of the case, for such unfortunate deaths are inevitable and may happen in the practice of any physician.—B.]

For Daniel's Texas Medical Journal.

ICE WATER IN CHOLERA INFANTUM.

BY E. MCD. BRIDGEFORD, M. D., ST. LOUIS.

OF ALL diseases most dreaded by the parents of "our dear little ones" cholera infantum stands at the head of the list. The extreme heat that we have had to endure since June 1st has certainly been a great factor in causing the death of hundreds of children in this city. In the overcrowded tenement houses the

mortality has been very high. Good hygiene in such a place as the Ashley building is impossible, and certainly the physician is almost powerless under such circumstances to do any good. I do not claim to be the originator of the ice water treatment for the disease under consideration, but wish to give my experience with it, and also my method of treating cholera infantum.

I suppose it would be proper in this place to state something of the history of this mode of treatment. My attention was first attracted to the use of ice water in cholera infantum by reading an article, which had been read before the St. Louis Medical Society by Dr. H. F. Hendrix, of this city. This gentleman's views are, I think, very rational. He claims "that by the watery discharges of cholera infantum the blood and tissues of the body are robbed of their liquid constituents and this fluid must be replaced or in a short time the blood will become so depleted that it can no longer furnish nutrition to the vital organs." It has been the practice of mothers for ages to give their babies water "that has had the air taken off." This way of taking the air off is various—it is not necessary to explain their process. However we do know that such water is not a very cooling or delicious drink and is in almost every instance vomited about as soon as it reaches the stomach. With ice water such is not the case—it is nearly always retained by the stomach for five minutes or more, and then, if it is rejected by that organ, some of the water has been absorbed and goes into the blood current, freighted with oxygen, which gives life to the powers that are rapidly famishing. I believe Dr. Hendrix gives a little bicarbonate of soda in each glass of water. Now I come to my method of treating a case. I do not, as will soon be seen, depend entirely on the ice water. As soon as I see the case and make a diagnosis of cholera infantum I order a glass of *ice* water and allow the child to drink *all* it wants,—if this is vomited in one or two minutes, I order a second glass which is likely to be retained. If the hands and feet are cold (and this is nearly always the case) I direct a warm bath to be given to the trunk and extremities and a cool cloth to be placed on the head. After this has been attended to, I prescribe the following—supposing the child to be ten or fourteen months old:

℞ $\frac{1}{10}$ triburates hydrarg chlor mite No. 10.
Sig. 1 triturate every 3 hours.

℞ Bismuth sub. nit. gr. xxiv,
Mistura cretæ (U. S. D.) ℥ iss,
Acidi carbolici, gtt. iii,
Aquæ calcis, ℥ ss,
Aquæ mentha piper ad. ℥ iii.
M. Sig. A teaspoonful every two hours.

I usually give the last prescription until four doses have been taken, and then give the same size dose every three or four hours.

I most always find that the watery discharges become thicker in a few hours, are of a neutral reaction, while at the onset of the attack the *reaction* is *acid*. I never use *opium in any form*. My success with this line of treatment has been very flattering, and I hope, kind reader, if you have not used ice water in the treatment of cholera infantum, you will give it a trial, and I am sure you will save more of the little ones, and be delighted with the result. Let us hear from you. 1751 N. 11th street.

For Daniel's Texas Medical Journal.

TRAUMATIC ERYSIPELAS ABORTED.

BY D. DU PRE, M. D., DALLAS, TEXAS.

MR. R., a mechanic working on the new county bridge connecting Oak Cliff with Dallas, was standing at the foot of the piling, when a block of green cypress timber 10x10 and about 24 inches in length, was detached by being sawn off about 20 feet above him, and in its decent struck his head on the line of the coronal sutures, making an incision five inches in length, turning back the scalp with a portion of the periosteum, and denuding about one half of the occiput. He was insensible only a few minutes. His escape from instantaneous death may be attributable to the sounding of alarm causing a sudden looking up, so that the missile struck his head obliquely. There was

only a slight abrasion of right shoulder and no real injury to the bone. The periosteum was restored as far as possible to its position, and would have been stitched, had animal suture been at command. Drainage at most dependant angle of wound was established. Ten sutures were required to close the wound. The accident occurred during the forenoon of the 7th inst.

About noon of the 8th he had a rigor, followed with fever and severe cephalalgia. His bowels were opened with C. C. pills during the first twelve hours. The early morbid symptoms inferred to shock and traumatic irritation, and was treated accordingly. The day following there was a return of the morbid conditions of the preceding day, but of increased severity. Before night-fall there were developed the flush and eruption of erysipelas, delirium and other constitutional symptoms alarming and rampant. The œdema and eruption involved neck, face and scalp.

I at once entered upon the practice of my life, to-wit: the prompt and vigorous application of remedies in all like cases of malignant disease.

I ordered sodii salicyl. gr. x., potassii nitrat. gr. v., every two hours until the pyrexia was under control; and phenacetin gr. v. and codeine gr. ss. every two hours to doubly insure analgesic and antithermic effect. The conditions were promptly met as sought. The next day there was no return of the paroxysms of the two previous days.

I felt in the constitutional remedies used of the ℞ there could be no safer or more effective antipyretics, antiseptics and germicides when important to immediate *saturation* of the system for remedial ends. As to local applications, I selected solution of potass. permang. gr. v. to f. ℥i. of aqua pura applied three or four times daily, and the parts protected with absorbent cotton saturated with acid boric. in solution with water and glycerine.

The result: In twenty-four hours there was the arrest of all local inflammatory action, and almost entire subsidencé of œdema. This is the 7th day, and there is neither local nor constitutional disturbance.

The sutures were removed at the end of sixty hours. No suppuration of line of incision and almost union by first inten-

tion and a like union of two-thirds of scalp. The surface where the periosteum was detached discharged bloody serum for five days, is now becoming more colorless, less abundant and with globules, sparcely distributed, of pus. The sinus is daily syringed out with hydras, canaden, alb. and acid boric. in solution with glycerine and water. For the last two dressings, I injected f. ʒi. of iodoform in solution with sulph. ether ʒi. to f. ℥i. The favorable change in discharge I attribute to the latter. Its burning sensation only lasts a few moments.

This mode of treatment is a *departure* from that usual in such cases. As traumatic erysipelas is looked upon as a most dangerous complication in grave injuries of the class under consideration, the prognosis generally bad—that of chronicity or death, I did not feel justifiable in adopting the usual line of treatment, which has generally fallen short of the prompt arrest of this disease, to which we should direct our efforts. I had no time to lose. The prodrome in this case, and character of eruption, febrile stage and other systemic and local disturbances will readily differentiate it.

I am confident the early curative results in this case were referable to treatment detailed, and do not hesitate to emphasize my confidence in its efficacy for future application, notwithstanding it is my first venture.

Permanganate of potash has rarely disappointed me as a local remedy in the various forms of erysipelas. I have felt impressed to call the attention of the profession to this case.

Seen last on the 15th; wound suppurating.

To Remove Warts.—℞. Meg. hyd. nit., gr. c. Arsen. alba, gr. v—x. M. ft. meg. Sig.: Spread on linen and apply over wart. The growth will soften and gradually disappear without pain.—*Ex.*

Aural Furuncle.—℞. Menthal, gr. xv. Ol. amygdolor Dulc. ʒ v. M. Sig.: Introduce twice daily on cotton.—*Ex.*

Correspondence.

For Daniel's Texas Medical Journal.

UNJUST TREATMENT BY THE STATE.

A Texas Soldier Undertakes to Regulate Fees for the Practice of Medicine in Texas.

During the fence-cutting excitement—about six years ago—eight Texas rangers, under the command of Capt. Scott, were camped about two and a half miles from Brownwood. In the early spring measles broke out in the camp and one severe case of pheumonia. The weather was damp and cold, and the Rangers were living in tents with very scant bed clothes and very poorly provided for. Five of the men suffered with measles, and one who has been through the late war knows something about the fatality of "camp measles." I was engaged by Capt. Scott to attend to the sick, with directions to give them the necessary medical attention and provide everything necessary for their comfort and safety, with the assurance that the State would pay for it. So I went to work in good faith, secured the medicine from the druggist, and even secured a post-auger, at an expense of $3.50, for the purpose of sinking posts to prevent the tents from being blown down and for repairing pens for the horses. I made from one to two vistis per day; some of the patients were very sick; in one case I had to use the catheter twice a day for over a week. I gave the same attention, and charged exactly the same fees as in private practice. When all the patients had recovered I made out my account as directed by Capt. Scott, had the account sworn to before a notary and endorsed as correct by Capt. Scott, and forwarded to Austin for collection; but in the course of a few days Captain Scott informed me that Adjutant General King refused to pay the bill, on the ground that I was only entitled to a fee for waiting on one patient, although I had waited

on as many as five sick (and used the catheter with one) during one visit. He also objected to the druggist's bill (which I was bound for) on the ground that one prescription cost over a dollar. I wrote the Adjutant-General, asking him to submit my account to any regular physician in Austin, and the drug account to any druggist, and I would submit to their decision,—but he refused, and when I asked Captain Scott why he objected to such a fair proposition, his answer was he did not know, except that he was "hard-headed" and thought he knew best himself.

As I was brought up under a government where there is redress for every wrong, I thought it was so here; so I determined on bringing the case into court, but soon found that I could not sue the State, without first obtaining permission from the legislature to do so. My representative brought the case before that august body, but in accordance with the ordinary manner of treating with contempt any request coming from the medical profession, and, no doubt, believing that doctors are fast growing rich from the large fees extorted from their patients, refused to allow the State to be sued.

So I was wronged out of my just earnings. The distance was two and a half miles, the livery bill $2 each trip, leaving 50 cents for waiting on as many as five patients at a time. The fees I charged were $2 for each patient waited on, which is about the general custom all over the State. Now, if the General's views are correct, the rule would hold good if 500 patients, or 5000 required attention, the physician would have 50 cents net for all his work; but in my case, when I paid the druggist the full amount of his bill and the hardware man for the post auger, and other bills for stimulants and cordials, my fifty cents per visit was exhausted.

I do not report this case as a complaint against Adjutant-General King, but to show to the medical profession of this State that there must be something wrong in the government when a man can be deprived of his property or wages, without a due process of law. I refer to article xiv, section 1, amended Constitution of the United States. JAMES JOHNSTON, M. D.

BROWNWOOD, Oct. 1, 1890.

Society Notes.

PROCEEDINGS TERRELL MEDICAL SOCIETY.

Dr. James Orr, President; Dr. E. E, Smiley, Secretary and Treasurer. Regular meetings, first and third Mondays of each month.

Dr. F. S. White said, owing to the fact that irregular practitioners of medicine were attempting to join local medical societies which were auxiliary to the State Medical Association, steps must be taken whereby our constitution should be so amended, as to coincide with that of the State Medical Association and exclude any and all who are not regular graduates of medicine; that societies which admit such and are members of the State Medical Association, are liable to be excluded from affiliating as members of that body. As Dr. White favored purity in the ranks of medicine, and the attainment of higher medical proficiency, he saw fit to offer a resolution to the effect that the Constitution of the Terrell Medical Society be so amended as will make the requirements for membership same as the State Medical Association.

Drs. Smiley, Strain, Wallace and a large number of our members endorsed the views as set forth by Dr. White.

Dr. Orr took a different view of the matter and held that such a course would do injustice to the undergraduates who were members of this society; that to cast them out, would have a tendency to array them against the regular physician, and so discourage them that instead of attempting to advance and reach that degree of skill and proficiency so much to be desired, would lapse into a state of injured indifference, and it would result in greater disaster to the medical profession than to permit them becoming members of local societies; said that he espoused the cause of the man who was striving to obtain wisdom; that he was once an undergraduate and that he had been made to feel the cuts

from regular physicians; that there was nothing to be gained from associating with the State Mediccal Association; all the benefit derived from it, that he could see, was the privilege of wearing a little piece of blue ribbon and paying our $5 annual dues, and nothing more; that our society had prospered and that we could continue so to prosper without any connection with the State Medical Association.

Dr. Wallace said that it was impossible for our society to retain an organic relation with the State Medical Association and permit undergraduates and irregular practitioners to be enrolled as its members; that it would be in direct violation of the rules of eligibility to membership, as defined by the State Medical Association; that the articles of the constitutions of societies admitted as auxiliaries must conform to the same articles as are found embodied in the constitution of the State Medical Association; that in discussing the merits of the Texas State Medical Association he was bound to say, it equalled, if not surpassed in grandeur, dignity and greatness any State medical association or college of medicine in the Union; that any one and especially a physician, who had failed to see and appreciate the benefits to be derived from such an august assembly of intelligent physicians, other than wearing a piece of blue ribbon and paying his annual dues, certainly had his commiseration.

Dr. Fry then unsheathed his sword and hastened to the front, extolling the benefits derived and to be derived from association by auxiliary societies from such an embodiment of wisdom and medical lore as is represented in the State Medical Association; favored raising our standard,—that in so doing the truly meritorious, the ardent and zealous student would press on all the more vigorously to be worthy of having his name enrolled among the distinguished physicians of the State of Texas.

The action required a two-thirds vote to amend or alter the constitution, which being put before the society, prevailed, and as a consequence the names of those who were members and not regular graduates, were dropped from its list of members. Hence it will be observed that the Terrell Medical Society favors a high and dignified plane of professional ability.

NORTH TEXAS MEDICAL ASSOCIATION.

GAINESVILLE, TEXAS, November 15, 1890.

DEAR DOCTOR: The next session of the North Texas Medical Association will be held in the City of Sherman, beginning on Tuesday, December 9, 1890, promptly at 3 p. m., and continue for three days.

All those contributing papers or reports of cases, will please inform the Secretary immediately upon their arrival, giving the name and title of papers. If any who cannot attend have papers, please send them to the Secretary by mail or otherwise.

Contributions of exceptional interest from prominent medical gentlemen outside of the State have been promised.

This is a wide-awake age of pronounced energy, investigation and advancement in all things—the profession of medicine has not been slothful or inactive, but keeps well apace, if not in the van. Our Association is the vital center of organized regular medicine in North Texas. It is a crystal fountain whose sparkling waters all may quaff and feel and enjoy its exhilarating and invigorating powers. The older members have learned to love the Association with a love that widens and deepens and intensifies with time, and they especially wish and urge the young to come forward in the work of perfecting, building up and perpetuating an association noted for its uniform harmony, practical teachings and valuable work and labor.

Let us take inspiration and enthusiasm worthy our seniors and push forward the work so nobly begun.

Every worthy, regular physician is eligible to membership and the time has come in Texas when every physician must work and belong to some live working society, or be considered as professionally moribund, or classed among the non-progressive who fail in their duty to themselves, their profession and the public as well.

Our Association is a veritable school where the old teach the young, and the young the old. Its future is as promising and bright as its past has been as successful and brilliant. Our meeting and commingling on these occasions brings the profession

closer together and enables its members to form extensive and pleasant acquaintanceship, affording the choicest social enjoyments and is a means of awakening and engendering the most enjoyable and enduring friendships.

You observe we have a good programme and will have an interesting session. You are are cordially invited to attend and take part in the proceedings.

V. A. HOWETH, M. D., President,
Gainesville, Texas.

GEO. R. CLAYTON, M. D., Sec'y.
Sherman, Texas.

SECTION ON PRACTICE OF MEDICINE.

Rational Medicine—Wm. R. Howard, M. D., Fort Worth.

Medication and Diet in Some of the Diseases of Children—R. D. Potts, M. D., Bonham.

Rheumatic Fever, a Survey of its Pathology and Complications—W. R. Mathers, M. D., Collin county.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Chloroform During Labor—S. C. Relyear, M. D., Ladonia.

The Management of the Lying-in Period—G. W. Bedford, M. D., Paris.

Antiseptic Midwifery—O. C. Buster, M. D. Lewisville.

SECTION ON SURGERY.

Surgical Shock—J. B. Stinson, M. D., Sherman.

The Diagnosis and Treatment of Surgical Diseases of the Thoracic Cavity—Bacon Saunders, M. D., Bonham.

Antiseptics—Henry R. Smith, M. D., Woodland.

VOLUNTEER PAPERS.

The Continued Fevers of North Texas, Presenting no Well Defined Specific Characteristic. What are They? Their Taeatment—V. A. Howeth, M. D., Gainesville, President of the Association.

Chloroform in Puerperal Eclampsia—Alonzo Sims, M. D., Weatherford.

Nasal Catarrh—J. B. Hill, M. D., McKinney.

The Surgery of Homer's Iliad—Jno. O. Scott, M. D., Sherman.

Two cases of Metastatic Abscess—J. B. Stinson, M. D., Sherman.

The Galveston Medical Club recently adopted the following resolutions:

"*Resolved*, That the Galveston Medical Club commend R. M. Swearingen, M. D., as an able and advanced sanitarian, and endorse his six years administration of the office of State Health Officer of Texas."

"*Resolved*, That a committee of four be appointed to memorialize the Governor to appoint him State Health Officer upon the expiration of the term of the present incumbent."

The committee appointed in pursuance of the above consists of Drs. J. F. Y. Paine, B. E. Hadra, C. W. Truheart and H. A. West.

The West Texas District Medical Association met in San Antonio on the 6th instant, and passed the following resolution:

"By unanimous vote of the West Texas Medical Association it was resolved, that Dr. R. M. Swearingen, of Austin, be, and he is hereby requested to allow his name to be presented to the incoming Governor of the State for the appointment of State Health Officer, knowing that no more efficient officer, no man of purer integrity, and no more competent professional man can be found to fill that office, which he has already filled with advantage to the people and honor to himself."

[He was State Health Officer three terms, of two years each, and served under two administrations.—ED.]

The Travis County Medical Society met in Austin on the 6th inst., and adopted similar resolutions as those of the Galveston Medical Club and the West Texas Medical Society, and appointed Drs. F. E. Daniel, T. J. Bennett and M. A. Taylor a committee to co-operate with the Galveston committee to memorilize the Governor to make the appointment.

We learn from a prominent physician from North Texas who has recently been in the principal cities in North Texas and con-

versed with the leading physicians there, that there is a very general—almost unanimous sentiment in favor of Dr. Swearingen's appointment.

The JOURNAL is authorized to state that any report to the effect that he will not be an applicant for the office is unfounded. Such report is circulated perhaps for an unworthy purpose, and should not be credited. Drs. Cunningham and Harrison are also in the race, and both good men.

Items of Interest.

[CULLED BY DR. CHURCH, AUSTIN.]

Pilocarpine for Chronic Bronchitis.—In the treatment of ordinary cases of bronchial catarrh, accompanied by cough, arrested secretions derangement of digestion, etc., etc., pilocarpine in small doses at short intervals, says the Medical Summary is one of the most effective remedies that we have at the present time, and when in the form of tablet triturate can be given to children, adults, and all persons without regard to the stomach.

The dose for adults should not be more than one-fiftieth of a grain every hour or two, and the preparation should be allowed to dissolve in the mouth. Not alone the cough and bronchial secretions are improved, but the activity of the salivary glands is increased, and this increased secretion entering the stomach the functions of that organ are improved, and in the course of a day or two the condition of the patient is changed in a remarkable manner.—[N. Y. Medical Times.

The Influence of Alcohol on a Healthy Stomach.—In order to elucidate the effects of alcohol on the gastric digestion in healthy subjects, Dr. E. B. Blumanan, of St. Petersburg, has carried out a long course of elaborate experiments on five young men, aged from 22 to 24. Alcohol was used in the shape of a 25 and 50 (vol.) per cent. solution, of which 100 cub. cent. were

taken ten or twenty minutes before the patient's dinner (consisting of soup, cutlet and bread).

The following are the main results arrived at by the author.

1. During the first three hours after the ingestion, the gastric digestion is markedly retarded, which is dependent upon diminished digestive power of the gastric juice, in other words, upon a decrease in the proportion of hydrochloric acid present therein.

2. The diminution is especially pronounced in persons nonhabituated to the use of alcohol.

3.. Stronger solutions of alcohol act more energetically than weaker ones.

4. During the fourth, fifth and sixth hour after the meal digestion becomes considerably more active, the proportion of hydrochloric acid markedly rising.

5. Under the influence of alcohol the secretion of the gastric juice becomes more profuse and lasts longer than under normal conditions.

6. The motor and absorptive powers of the stomach, however, are markedly depressed, the decrease being directly proportionate to the strength of alcohol solutions ingested.

7. Alcohol distinctly retards the passage of food from the stomach to the duodenum.

8. On the whole, alcohol manifests decidedly unfavorable influence on the course of normal gastric digestion. Even when ingested in relatively small quantities, the substance tends to impair all gastric functions.

9. Hence a habitual use of alcohol by healthy people cannot possibly be approved of from a physiological standpoint. Dr. Blumenan, however, is far from repudiating alcohol in medicine.—[St. Louis Medical and Surgical Journal.

Aristol.—Dr. Wm. Waugh, in the Philadelphia *Times and Register* of September 20, giving his varied experience, and that of many others, in the use of this new addition to our remedial agents. Aristol, or dithymoldiodide, is a combination of iodine and thymol; proportion of iodine about 45 per cent. It is readily soluble in ether and oils, when rubbed in the latter, slightly soluble in alcohol. Heat and light should be avoided as they both

decompose aristol. It is non-irritant, and is not absorbed into the body, as would seem from the fact that iodine has never been found in the urine after its tree use in wounds and ulcers. The general concensus of opinion of those who have used this new remedy, is that it has many claims over iodol, and being odorless, bids fair to supercede iodoform. Several cases are reported where iodoform caused irritation and was happily replaced by aristol. The pain and fetor of epithelioma of the vagina and uterus was removed, and it seemed the progress of the disease restored by applying tampons of cotton thickly dusted with aristol. five to ten per cent. aristol ointment gave good results in eczema, psoriasis, lupus, old ulcers, etc., etc.

New York Pasteur Institute.—Dr. Paxl Gibier, Director of the New York Pasteur Institute, New York, announces the results of the preventive inoculations against hydrophobia performed at this Institute since its opening (February 18, 1890,) as follows:

To date 610 persons, having been bitten by dogs or cats, came to be treated. These patients may be divided in two categories:

1st. For 480 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended, during the proper length of time, when it was necessary. *400 patients of this series were consulted or treated gratis.*

2d. In 130 cases the antihydrophobic treatment was applied, hydrophobia having been demonstrated by veterinary examination of the animals which inflicted bites or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. All these persons are, to-day, enjoyinging good health. *In 80 cases the patients received the treatment free of charge.*

The persons treated were: Sixty-four from New York, twelve from New Jersey, twelve from Massachusetts, eight from Connecticut, nine from Illinois, three from Missouri, three from North Carolina, three from Pennsylvania, two from New Hampshire, two from Georgia, two from Texas, and one each from Maryland, Maine, Kentucky, Ohio, Arizona, Iowa, Nebraska, Arkansas, Louisiana and Ontario, (Can.)

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett. Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

INJUSTICE TO DOCTORS.

On several occasions heretofore the JOURNAL has inveighed against the gross injustice done physicians in compelling them to serve as "experts" in State cases without compensation; or, if paid at all, they are paid as witnesses,—and about $1.50 a day.

Upon what pretext they are paid as witnesses, it is hard to understand; they are *witnesses* in no sense. A witness testifies to *facts;* an expert testifies as to accepted theories, or hypotheses,—for medicine is not an exact science, nothing, we may say, is positively known; a witness states what he *knows*; an expert is *compelled* under duress to state what he *thinks;* to give his opinion. How *unlike* a witness is he? Were a witness to say "I think" or "I believe," he would be incontinently "sat down upon" and told that no one wants his opinion; yet a physician, who in all probability knows nothing whatever of the case in hand, is summoned as an "expert," called a witness, and paid as a witness, and yet is compelled by fear or threat of fine or imprisonment, to state—*not* what he knows, but what he thinks! How inconsistent and how unjust!

A case has recently occurred here at Austin, in which precisely the above took place,—except the small matter of pay,—the gen-

tleman did not receive even the paltry $1.50 per day and yet paid his own expenses to and fro. But we anticipate.

One of the most eminent and able of the Austin physicians — a man whose practice is no doubt worth $25 a day—at a low estimate—was summoned before the District Court at Waxahachie, in Ellis county,—some 175 miles from Austin. He failed to obey, and a sheriff was sent for him with an attachment. Taken thus by force from his home and his practice, he was compelled to pay his own expenses to Waxahachie—his hotel and other bills and his return fare. He was put on the stand and gave "expert" testimony in a case, the merits of which he knew no more about than did the man in the moon. He would have been paid his witness fees (?) at the end of three days, but for an *informality*, *a lapsus* of the red tape,—a technical error made by the clerk in the wording of the document. So, after rendering this important service to the State, or to the litigants, as the case may be, he returned to Austin a poorer, a sadder—if not a wiser man. Outside of his expenses—say $25—he lost three days time, which may safely be put down at $75. Thus, this private citizen was virtually *robbed* of $100. He was made to "stand and deliver"—and had no discretion. Comment is unnecessary.

A physician's knowledge represents his stock in trade, his capital. The highwayman has as much right to despoil the traveler of his personal effects at the muzzle of a six shooter, as a court has to force a physician to give expert testimony without compensation, and under pressure,—fear,—the certain knowledge of fine and imprisonment. Is there no remedy for this lamentable state of affairs?

In the same category,—as far as the injustice of the thing goes—is our correspondent from Brownwood in this issue, (see Dr. Johnson's letter: "A Texas soldier attempts to regulate fees," etc.) The Doctor faithfully served the State, perhaps saved the lives of its soldiers,—paid for, out of his private means, the medicines furnished them—and now—through a defect in the laws of the State he has no redress, but must suffer the injustice in silence. Is there any other class of citizens who are thus imposed upon? We opine not; in every trade, calling and profession, ex-

cept that of medicine, one has redress at law. The mechanic has a lien on the building he constructs, which takes precedence over all other claims; as to lawyers,—*they* get their pay in advance,—shrewd fellows—and are not in the count; the merchant has ample protection at law, no one can go in and take *his* goods without pay. The Doctor only—the patient and long suffering,—the faithful, charitable, benevolent, kind-hearted Doctor, who, rather than see and know that a human being is suffering, will go to his relief if he never gets paid—he alone of all the State's citizens is thus cruelly and shamefully imposed upon. Is there no remedy? Let our State Medical Association—or its Committee on Medical Legislation, see to it that at the next session of the legislature a bill is passed to provide for the payment of expert testimony, and that something is done to meet such exigencies as are related in Dr. Johnson's letter.

ONE MORE EFFORT.

Attention is called to the card from Dr. Cupples, Chairman Committee on Medical Legislation.

We cannot too strongly impress upon our readers and upon the medical profession throughout the State the necessity of prompt and energetic action in the matter referred to by Dr. Cupples. The legislature will meet in January, and by the 20th of December all these petitions should be in the hands of the committee, and each one should have five hundred signatures. This is the people's petition, not ours, and although a move of the highest political importance, it is not a "political scheme" as understood by the people. There is nothing selfish about it; the people and not the medical profession are the ones sought to be benefited by the movement; and when we say the people, it includes the fair portion of our population, and our friends and co-laborers should secure the signatures of prominent and influential women to the petitions as well as those of men. Women are usually foremost in all good work; invite them to take part in this. If anything, they are more interested in preventive medicine than any other class of the com-

munity; for, when sickness and death come, they are the sufferers doubly, the drudgery of nursing falls on them, and in the death of the male members of the community, who are the real sufferers? The women and children who are thus robbed of their support and protection. By all means get the women of Texas aroused to the necessity of preventing disease; and open their eyes also to that other danger—greater than disease—the danger of being legally murdered, by an incompetent, though registered, perhaps, diplomaed Doctor. Justice, every consideration of right demands that no one should be permitted to practice medicine but those who can show that they can intelligently do so; that they have been educated to the calling.

Our past failures in our efforts to secure a State Board of Health and a law to regulate the practice, should not discourage us. The season is now ripe for action—the people are aroused and our legislators know that it is not the Doctors who want and ask for protection—but the two and a half millons of industrious inhabitants of a great State, who realize that as yet they are only partially protected even from imported disease, and not at all from domestic or home made disease; while they are entirely at the mercy of the army of quacks and impostors who call themselves Doctors, and prey upon the credulity or ignorance of the people.

The JOURNAL wishes the committee God speed. But, before we call upon Hercules we must put our shoulders to the wheel. We have done so, and now, with one pull, a long pull, a strong pull, and above all, a pull all together, we hope to lift our beloved State out of the quag-mire of quackery, and place her on solid ground side by side with other enlightened States, which have long since seen the advantages and necessity of such legislation as we are asking for, and have provided boards of health, the "palladium" not of the "people's liberties," but of their safety, their health and their lives.

As to quarantine, maritime and frontier, the present system does well enough; but a quarantine law is not a board of health. We want—the JOURNAL'S preference is for—a board of health *built upon* the present system of quarantine—something else is needed besides quarantine. Let the State Health Officer admin-

ister quarantine unincumbered, but give him associaties to constitute, with himself, a full board which shall exercise all the functions of a board of health, not covered by the item of quarantine. But we are asking for a board, and must take what the State may give us.

Book Notices.

A New Medical Dictionary—Including all the words and phrases used in medicine, with their proper pronunciation and definitions. Based on recent medical literature. By Geo. M. Gould, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital and Clinical Chief of Ophthalmological Department, German Hospital, Philadelphia. Pp. 519; 1890. P. Blackiston, Son & Co.

This is a very handy, practical dictionary. It not only defines and properly pronounces medical words and phrases, but it contains elaborate tables of the bacilli, micrococci, leucomaïnes, ptomaïnes, etc., of the arteries, ganglia, muscles, nerves, and plexuses; of weights and measures, thermometers, etc.; and appendices, containing classified tables with analyses of the waters of the mineral springs of the United States and tables of vital statistics. B.

An Encyclopedia of Practical Medicine, Based Upon Bacteriology. One large octavo volume, 1456 pages, 800 illustrations. Price $3.25, sent by express, prepaid. R. R. Russell, Publisher, 59 East Ninth street, New York. 1890.

The present volume is the first American work upon bacteriology. Its aim is to give a practical elucidation of the germ theory of disease.

It is illustrated with accurate microscopical, photographical wood-cuts of all known pathogenic microbes.

It gives a complete working synopsis of bacteriological investigations with reference to all microbes as the cause of the more important diseases, such as:

1. Diseases whose bacterial cause is determined with comparative certainty: Anthrax, caused by Bacillus anthracis. Aphtha, caused by Oidium albicans. Cholera, caused by comma bacillus. Erysipelas, caused by Streptococcus erysipelatosus. Gonorrhea, caused by the gonococcus. Leprosy, caused by the lepra bacillus. Malarial fever, caused by bacillus malariæ. Meningitis (epidemic, cerebro-spinal), caused by Diplococcus lanceolatus. Pertussis, caused by a bacillus. Pneumonia, caused by Diplococcus pneumoniæ. Purpura, caused by Monas hæmorrhagica. Pyæmia, caused by Streptococcus pyogenes. Relapsing fever, caused by a spirillum. Tetanus, caused by a "pin-head" bacillus. Tuberculosis, caused by the tubercle bacillus. Typhoid fever, by Bacillus typhosus. Typhus fever, caused by a bacillus.

2. Bacterial diseases, whose exciting cause has not been so perfectly determined: Carcinoma, dengue, diphtheria, dysentery, gangrene, glanders, measles, parotitis, rabies, rheumatism, rötheln, scarlatina, syphilis, yellow fever, croup.

All catarrhal diseases, such as bronchitis, conjunctivitis, diarrhœa, etc., are of bacterial origin, and various bacteria are engaged as causative factors in different varieties of these several diseases. These have been isolated with varying degrees of certainty, and are genuine pathogenic microbes.

The streptococcus of diphtheria is one of the most remarkable of all micro-organisms—a bacterium capable of inducing the formation of a false membrane, with bacterial secreta, a ptomaine of the most paralyzing character.

The mode of culture, and the best bactericides for their sterilization and complete annihilation. The cadaveric alkaloids or ptomaines excreted by each microbe in process of sporulation, are given in tabulated form.

It is a practice of medicine from a microbial standpoint.

In addition there is a chapter on Sanitary Science, illustrated, well adapted for Health Boards. B.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By Dr. R. Utzmann, Professor of the Genito-Uurinary Diseases, Viruna.

Translated by G. W. Allen, M. D., Boston. Pp. 160. Price $1.00 Philadelphia: F. A. Davis, publisher; 1890.

Any one taking the trouble to read this little book, will find it interesting and valuable. B.

How to Preserve Health.—By Louis Borkan, M. D. All rights reserved. The trade supplied by the American News Company, New York, 1890.

Medical Consultation Book. A Pharmaceutical and Clinical Book of Reference—containing the therapeutics of a full list of the officinal and non-officinal articles of the materia medica, with a consideration of the action of medicines; including an extensive collection of favorite prescriptions from the most reliable authorities of the medical profession; and all so classified as to be of ready access for authenticated treatment of each disease in the different stages and complications. Designed for the consultation room. By G. P. Hachenburg, M. D., Austin, Texas.

We have examined the manuscript of the above-mentioned work which Dr. Hachenburg intends publishing shortly. Its scope is most complete and comprehensive, and it cannot fail to serve a very valuable purpose as a book of general reference. The preparation of the manuscript shows a world of painstaking care and evinces deep research. and a familiarity with the subject treated that is rarely found in the general practitioner. Dr. Hachenburg is an old U. S. army surgeon. Agents wanted in Texas.

The Pharmacology of the Newer Materia Medica, embracing the Botany, Chemistry, Pharmacy and Therapeutics of new remedies. Being the results of the collective investigation of new remedies under the "working bulletin" system. Properly arranged, classified, indexed and placed at the disposal of the medical profession. Issued in monthly parts. Subscription price $2 in advance, single copies 25 cents each. Geo. S. Davis, Publisher, Detroit, Mich.

We have received parts I. to V. Part V. contains an exhaustive

treatise on Coca Leaves, and is alone worth the price of the set. Messrs. Parke, Davis & Co., the pioneers in new remedies, have placed the profession under additional obligations by the publication of this valuable work, which is the outcome of the patient diligent and and intelligent investigation that has been going on in their laboratory for the past few years. For further information address the publisher.

PRACTICAL SANITARY AND ECONOMIC COOKING adapted to persons of moderate and small means, by Mrs. Mary Hinman Abel. The *Lomb Prize Essay*. Pp. 190.

Published by the American Public Health Association, 1890, Rochester, N. Y. Any work that teaches how to cook economically and well is valuable. This is a valuable work. B.

ESSENTIALS OF THE DISEASES OF THE EYE, NOSE AND THROAT. By Drs. Jackson and Gleason, of Philadelphia. 1890.

This is another of Saunder's question compends and contains the essentials, as far as it goes, of the subject treated. This about expresses it—*as far as it goes*. There is such a thing as boiling subject matter to death. One arrives at this conclusion from reading some of these essentials. B.

A TREATISE ON MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology and Therapeutics in the Medico-Chirurgical College of Philadelphia. In two volumns. Vol. 1 devoted to Pharmacy, General Pharmacology and Therapeutics, and Remedial Agents not properly classed with drugs. Philadelphia and London: F. A. Davis, publisher. 1889.

Part I. is devoted to Materia Medica, Pharmacy, Pharmacolo- and Therapeutics. Part II. to remedies and remedial agents in the treatment of diseases not properly classed with drugs.

The work shows that much pains has been taken in its preparation. The classification and arrangement are based upon the modern idea of Therapeutics. The discussion of subjects is clear and comprehensive. Vol. II. is anxiously looked for. B.

ESSENTIALS OF DISEASES OF THE SKIN. By Henry W. Stellwagon, M. D., Attending Physician to the Philadelphia Dispensary for Skin Diseases, etc. Philadelphia: W. B. Saunders. 1890.

This little book is No. 11 of Saunders' Question-Compend Series, and is arranged in ihe form of questions and answers. While a great deal can be put on a page in such a form, the physician is usually disappointed when he attempts to search for any particular point. B.

ELECTRICITY IN THE DISEASES OF WOMEN, with Special Reference to the Application of Strong Currents. By G. P. Massey, M. D. Second edition, revised and enlarged; pp. 240. Price, $1.50. Philadelphia: F. A. Davis, publisher. 1890.

There is not a great deal that is new in this edition of Dr. Massey's book, but quite enough .hat is interesting to justify its purchase and perusal. B.

Medical News and Miscellany.

Read the Sanitarian's announcement. The best sanitary publication in America.

The Kentucky School of Medicine has over three hundred matriculants to date.

Attention is called to the advertisement of the Shuford Speculum. It is a "good thing."

Dr. W. H. Walker has removed from Shiner, in Lavacca county, to Ledbetter, Washington county.

Do not foget the quarterly meeting of the Austin District Medical Association in Austin on the 20th of December.

Proceedings of the West Texas District Medical Society and Cherokee County Medical Society received too late for this issue

Removed.—Dr. W. E. Fowler from Cedar Creek to Bastrop.

The Journal asks attention to Sharp & Dohme's new ad. on title page.

Daniel's TEXAS MEDICAL JOURNAL and the *Brooklyn Medical Journal*, both for $3.50. Address this office.

Dr. C. L. Peeples, of Navasota, and Dr. J. W. Miller, of Massey, have gone to New York to take a special course at the Polyclinic.

Married—On the 27th of May, 1890, at the residence of the bride's father, Wm. Burgess, Esq., near Pleasant Site, Ark., by Rev. B. E. Finch—Dr. Levi Mahan, of Hempstead, Texas, to Miss Lydia Burgess. The JOURNAL extends congratulations.

Let Those who contemplate joining the Texas State Medical Association at the Waco meeting in April next year not forget that it is absolutely necessary to bring their diploma. Applications for membership will not be entertained unless accompanied by a diploma.

Removals.—Dr. A. N. Olive has removed from Meridian to Waco. Dr. W. S. Savage has removed from Roger's Prairie to Denison. Dr. H. B. Taliaferro has removed from Bruceville to Lorena. Dr. J. M. Burleson has removed from Richland Springs to Brownwood.

Death of Mrs. Dr. Skipper.—We regret to announce the death of Mrs. Skipper, wife of Dr. R. W. Skipper, of Holley, Texas. She died in child-bed on 27th of September ult. The JOURNAL extends its sympathies to the bereaved husband. They were married November 6, 1889.

Died.—E. R. Fowler, M. D., of Bastrop, Oct. 1, 1890. Dr. Fowler was a young man, 24 years of age, and was born in Bastrop county, Texas. He graduated from the St. Louis Medical College, 1887. Dr. Fowler was an exemplary young man of

PHILLIPS' COD LIVER OIL

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THE SECOND SPECIAL COURSE FOR PRACTITIONERS

Will begin November 10, 1890, and continue two weeks. It will comprise—

1.—Abdominal and Pelvic Surgery, with illustrations upon dogs and cadavers, by Profs. Senn, Parkes, Fenger, Belfield and Etheridge, daily at 7:45 p. m. Fee, $20.00.

2.—Clinical Lectures and Demonstrations, on all branches of medicine and surgery, including Intubation, Surgical Anatomy, Post Mortem Examination, Cerebral Localization, Ophthalmology, Otology, Laryngology, Rhinology, Orthopedics, and the Apostoli Method by the Faculty, five hours daily. Fee, $25.00.

3.—Surgical Operations on the cadaver, by the Profs. of Surgery and Gynecology, two hours daily. Fee, $15.00.

Tickets admitting to all three courses (exclusive of matriculation), $50.00. For particulars, address

Dr. M. R. BROWN, Corresponding Secretary,
174 E. Chicago Ave., CHICAGO, ILL.

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of all those ailments, in which deficient digestion is the direct or indirect cause of pathological conditions.

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P. O. Box 1574. New York.

great promise. The cause of death was consumption as a result of "grippe."

Brutus or Cæsar!—An esteemed correspondent calls our attention to the fact that in a recent editorial we said, "Yet Cæsar was an honorable man,"—and says we got the wrong sow by the ear; it was Brutus, of whom Mark Antony made the sarcastic remark. Thanks, Doctor, we stand corrected. We *knew* it was *one* of 'em; like the old lady and the bluing, "if it sinks it is good—or bad, one, I don't remember which."

Organize.—Gentlemen of the medical profession in Texas, where there are a sufficient number of regular physicians in any neighborhood to warrant it, you should at once organize a medical society. That is the order of the day, and the time is rapidly approaching when not to belong to the organized branch of the profession in Texas will be to be a marked man. Progress is the watch word. When organized report to the JOURNAL.

Card from the Committee on Legislation.—The gentlemen, members of the medical profession, and others who have received blanks for a petition to the Legislature, forwarded by the Committee on Legislation of the Texas State Medical Association, are urgently requested to secure as many signatures as possible, and to forward the completed lists *before the 20th of December* to Geo. Cupples, M. D., Chairman of Committee on Legislation T. S. M. A., San Antonio.

Blanks will be furnished when desired on forwarding name to address.

The College of Physicians of Philadelphia, announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the Secretary of the College on or before May 1, 1891.

CHARLES W. DULLES,
Secretary.

Should be Encouraged.—Dr. S. H. Stout, of Cisco, late Medical Director of Hospitals C. S. A., who some time ago called upon all surviving members of the medical corps of the Confederate States army, who served under him, to report their present whereabouts, etc., informs us that to date only three have responded. Notwithstanding this want of interest on their part he is going ahead compiling a record of their valuable services during the late war, and will publish it unaided. It is a duty he feels called on to perform even at a great sacrifice.

Married.—Thursday evening at 8 o'clock, Dr. S. L. Keown, a well known and popular physician of Comanche, led to the altar, at the residence of Major W. R. Bratton, the bride's uncle, Miss Minnie Jones, of Taylor, Texas. where the Rev. S. J. Franks, pastor of the Methodist church, in a short but impressive ceremony made them one. The Doctor and his beautiful and accomplished bride have resided long enough in Comanche to make many friends who unite in wishing them a long, useful and happy life. So mote it be.—*Comanche Ex.*

The JOURNAL extends congratulations.

Remarkable Fecundity.—J. DeLeon, M. D., Ingersoll, Texas, in the *Journal of the National Association of Railway Surgeons*, June, 1890, reports a case of quadruplets. They weighed in the aggregate nineteen and a half pounds without clothing; the first weighed six pounds; second, five pounds; third, four pounds; fourth, four pounds. The lady, Mrs. E. T. Page, is a blonde, age 36, and has given birth to fourteen children, twins three times before this. One pair by her first husband. She has been married to Mr. Page three years and has had eight children in that time. Page is an Englishman, small, dark hair, age 26, weight 115 pounds. The father in despair at the announcement of the fourth child fell across the bed and exclaimed, "Lord, God, Doctor, what shall I do?" Statistics show one quadruplets to 375,000 births. Thatthe children should all live and do well is remarkable.

The Home-Maker is the name of an excellent quarto publication issued monthly at $2 a year. It is published in New York, and is edited by Mrs. J. C. Croly, (known to all the world as "Jenny June") a lady whose experience in conducting and editing publications for the *home* probably exceeds that of any woman in the world. It has a circulation of 50,000 subscribers, and is read all over the South. It is a first-class family magazine, and well adapted to the cultivation of the mind, and morals of the young; it is beautifully illustrated.

We have made arrangements by which we can furnish the *Home-Maker* to our readers almost *free*, in connection with DANIEL'S TEXAS MEDICAL JOURNAL. Send $2.75 and we will send you this JOURNAL and the *Home-Maker* one year. An unprecedented offer. Address this office.

Words of Commendation.—Of the Transactions Texas State Medical Association 1890, an honored ex-President says: "The copy of the Transactions came duly to hand and well sustains the reputation of its predecessors in every respect. The Association certainly owes you a lasting debt of gratitude for your splendid work in its behalf."

A distinguished member in Falls county says: "It is issued in elegant style and I think the publishing committee deserve the highest praise."

Dr. Jno. H. Ranch, Secretary Illinois State Board of Health says: "The volume is a credit to your organization."

The Proctor of Texas University says: "As the main spring of the Association the present Secretary seems to be indispensable to its continued and orderly movement, and the Association would do well to elect him Secretary *pendente vita*."

Death of Dr. King.—The JOURNAL learns with much regret of the death of Dr. J. H. T. King, late of Laredo. Dr. King was the United States Consul to Mexico and was stationed at Victoria, Mexico. A telegram to Consul-General Sutton announced that Dr. King had committed suicide by poison on or about September 30. It was rumored in Laredo, says a corres-

pondent, that he had been on a spree for a week or so prior to his death, and the sad death was perhaps the result of despondency and depression.

Dr. King was an honored member of the Texas State Medical Association, and had a fine practice, principally surgery. He leaves a wife, and a grown daughter in Baltimore. He held a diploma from the College of Physicians and Surgeons of England and stood very high in his profession.

Convention of Texas World's Fair Exhibit.—At the request of Executive Committee the President of the Texas State Medical Association has appointed the following members delegates to the convention of the Texas World's Fair Exhibit to be held in Houston December 10, 1890, (proximo).

Drs. R. M. Swearingen and F. E. Daniel, Austin; Drs. W. B. Brooks and H. K. Leake, Dallas; W. W. Reeves, Wills Point; Dr. J. F. Y. Paine, Galveston; Geo. Cupples, San Antonio; J. H. Sears, Waco; Dr. J. D. Osborn, Cleburne; Dr. E. P. Becton, Sulphur Springs; Dr. D. F. Stuart, Houston; Dr. J. B. Stinson, Sherman; Dr. C. F. Paine, Comanche; Dr. O. Fastland, Wichita Falls; Dr. B. F. Eads, Marshall, Dr. A. P. Brown, Fort Worth.

Certificates have been issued by the Secretary of the Association.

Another Precinct Heard From.—Laredo Medical Society Endorses Dr. Swearingen for State Health Officer.—Present —Drs. Arthur, McKnight, Turpin, Berg, Gorham, Wilcox and Head.

Meeting called to order by President Arthur, Dr. Turpin appointed Secretary pro tem.

The object of the meeting was stated by the President to be, to discuss the propriety of endorsing Dr. R. M. Swearingen as a candidate for State Health Officer.

Moved, seconded and carried that Dr. G. C. Head be invited to meet and act with us pending his application for membership.

WHEREAS, The time is drawing near when it will become the duty of the Governor-elect to appoint a State Health Officer, and

WHEREAS, Dr. R. M. Swearingen is of proved and tried professional ability, and a gentleman whom we all respect; therefore be it—

Resolved, That the Laredo District Medical Association heartily endorse Dr. R. M. Swearingen as a candidate for State Health Officer, and urge upon the Governor-elect the propriety of his appointment.

Moved and carried that a copy be sent to Governor Hogg, to DANIEL'S TEXAS MEDICAL JOURNAL and to Dr. Swearingen.

Adjourned to first Monday in December regular meeting.

J. P. ARTHUR, M. D., President.

T. J. TURPIN, M. D., Secretary.

[This was received too late to go in with similar resolutions in the department of Society Notes.—ED.]

Koch's "Cure" for Consumption.—As we write, the daily papers are printing, with every issue, some fresh news of the wonderful, and as yet secret, "cure" for consumption discovered by Dr. Robert Koch. The interest in it is natural and intense. In this country there are some two hundred thousand sufferers from this fell disease, and in Europe and other parts of the world a still greater array of victims are hopefully looking for some cure, or patiently awaiting the end.

The expectations aroused by the numerous and mysterious reports that are issued from Berlin must be very great. It is well, therefore, to consider how much can be in fact realized by the announced "cure." Of it we know at least this, that it is a germicide, and that its action depends upon its destroying the vitality or power of growth of the tubercle bacilli. If this be the case, it is a remedy that must have various limitations to its usefulness. Phthisis is, in most cases, in its inception, an infectious bacillary disease. But after lung tissue is once well invaded, and necrotic and inflammatory processes set in, the infection is a mixed one, and pyogenic organisms are largely in control. No agent which simply destroys bacilli can, therefore, seriously modify the phthisical process. Germicides cannot cure phthisis in its second and third stages.

We are satisfied that Dr. Koch will not claim this for his "cure." Already it is stated that cases of lupus, of tubercular joints, and of phthisis in the first stage have been cured. But all these forms of tuberculosis can already be relieved by surgical and hygienic measures at our disposal. It remains to be seen, therefore, whether Koch has really supplied us anything which will carry the treatment of tuberculosis any further than it already has been brought.

One thing further, perhaps, he has achieved, viz., a method of prevention for those susceptible or exposed to the disease. This may be a gain, although the prevention of phthisis in individual cases is almost always possible if proper care is taken.—*N. Y. Medical Record.*

"Very Like a Whale."—The JOURNAL has been favored with several copies of a most remarkable document, and asked to "notice" it. It is a petition to the Governor for the appointment of State Health Officer—gotten up by a Dr. J. R. Briggs, of Dallas. In the petition he says of himself that he is "a gentleman of the highest integrity and morals,"—"a physician eminent in his profession"—"a sanitarian of national reputation" and "a writer on medical and sanitary subjects who stands *pre-eminently* at the head of the medical profession in this country." (That is to say, in the United States and the Dominion of Canada, with perhaps Mexico and the West India Islands thrown in.) To this assertion some three thousand Texas physicians, we learn, have been modestly requested to give their "most cordial and unqualified endorsement."

Our correspondents have accompanied the document sent us, with remarks more forcible than complimentary to the author—and one—a gentleman resident in North Texas after asking if such methods of bringing one's self into notice which are so like those resorted to by the army of quacks which infests our State are countenanced by the State Medical Association—a body of which the petitioner is a member, proceeds to make fun of it and says: "The famous Colonel McClung, of Mississippi, when on a spree used to exclaim, 'By —! I'm a *whale!*' Little Jack Cheatham, sheriff of Boliver county,

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who stood four-feet-four, but brave as a lion, thought McClung's remarks on one occasion were directed to him; so, mounting a chair and gazing defiantly at the valiant and much feared Colonel, said, in his little cracked voice, 'Colonel McClung, I will have you to understand, sir, that if you *are* a whale, by George, sir, *I'm* no sardine!'' '

Our correspondent suggests that Swearingen is no sardine, though he doesn't claim to be ''the head of the medical profession in this country.''

Another correspondent says, of the unique petition: ''Old Bailey when drunk used to boast that he was a 'whale,' a 'mammoth,' a 'whole team and a spotted dog under the 'wagon;' and on one occasion he supplemented the remark with, and if there is anything on earth any bigger than *them*, I'm it!' ''

If there is anything ''bigger'' than ''head of the medical profession in this country,'' our correspondent suggests that the Doctor would claim to be ''it'' also.

Publisher's Notes.

The civil, military and naval departments of the British Government are supplied with the Fairchild digestive products and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India.

Inflammation of the External Auditory Canal.—As already stated, I have used the campho-phenique in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable even if it did not allay the inflammation, i. e., its analgesic properties. It is the best remedy to allay

pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time.

Abstracts from a paper read before the Cincinnati Medical Society, September 22, 1890, by W. R. Amick, M. D., Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; professor of Opthalmology and Otology in the Woman's Medical College.

Stanley's recent Emin exposition was equipped entirely with Fairchild's Digestive Ferments in preference to any others, and in the recent attack of gastritis from which Mr. Stanley suffered, he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

Eclampsia of Infants and Children.—In eclampsia of infants and children, hysteria, paroxysms of epilepsy and cases of extreme nervous prostration in women dependent upon severe mental strain, Peacock's bromides is superior to anything that I have ever used. T. H. VonKleeck, M. D.

Philadelphia, Pa.

H. J. W. Martin, M. R. C. S. and L. S. A., Hounslow, Middlesex, England, says: I have used S. H. Kennedy's Extract of Pinus Canadensis in an obstinate case of gleet that had existed for some six months before coming to my notice, with marked success, a vast improvement taking place after using one bottle of injection, and before the third bottle was finished a cure was effected which was permanent.

During an epidemic of dengue or breakbone fever, I gave liq. tong. Sal. a thorough trial and found it much more successful than the usual treatment, such as iodide of potassium, wine of colchicum, quinine, salicylic acid, etc.; in fact, I found that liq. tong. sal. effected a cure in nearly every instance."

A. M. Sittler, M. D.,
Bowmanstown, Carbon Co., Pa.

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Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

For Daniel's Texas Medical Journal.

FRACTURE OF THE HEAD OF THE HUMERUS, ETC.

BY A. N. DENTON, M. D., AUSTIN.

Read before the Austin District Medical Society, June 19, 1890.

ABOUT January 25, 1890, Mr. A. M. A., while riding on the prairie near Dripping Springs, Hays county, threw a lasso over the horns of a three years old steer, was dragged from his horse, and fell heavily among the mass of comb-rocks which abound in that locality.

The violence of the shock rendered him completely unconscious for about thirty or forty minutes. His companion placed him in a wagon and conveyed him to his ranch, a mile or two distant. After the return of consciousness, several hours elapsed before the restoration of any memory of the accident or its cause. Se-

rious injury was not suspected by the friends of the young man, and surgical assistance was not deemed necessary.

Pain in the shoulder-joint, fever, loss of appetite, however, rapidly supervened, and on January 31, I was requested by the mother of the young man to visit him at his ranch.

I found him on the morning of February 1st with a temperature of 103°, pulse 120. Shoulder quite tender and greatly swollen, no appetite and bowels constipated. After as careful and complete an examination as was practicable with the inflamed and swollen condition of the shoulder, I decided that a dislocation of the humerus downward existed, and advised his immediate removal to Austin, which was done on February 1.

On February 2nd Dr. T. D. Wooten was invited to examine the patient, which he did with his usual care, and coincided with me in the diagnosis.

During the intense inflammation and great swelling it was thought best to postpone any attempt at reduction, until measures should be employed to reduce the swelling and abate the fever. Accordingly general and local treatment to this end was directed and faithfully carried out. Under the use of these measures the feversome what abated, and the swelling of the arm was greatly reduced. The inflammation became more local and the heat and pain in the shoulder more intense. The pain became so constant and excruciating as to require the daily use of morphine in order to procure rest.

On about the sixth day after the arrival of the patient in Austin, a second examination was made by Dr. Wooten and myself, and the existence of pus in and about the joint being suspected, a hypodermic needle was introduced, and pus withdrawn into the barrel of the syringe. After consultation it was thought best to evacuate the pus by a free incision, which was made in front of, and below the coracoid process. About eight ounces of pus was evacuated and a drainage tube was inserted and left in the wound. Two days later a large abscess having appeared on the posterior aspect of the shoulder, another incision was made, and six or eight ounces of pus escaped.

The patient was now greatly prostrated and fever of rather a high grade continued. About the 12th of February it was de-

cided to attempt to reduce the supposed dislocation, which was accomplished under the influence of chloroform.

No amendment of the symptoms, however, followed the reduction. Profuse suppuration continued, notwithstanding the joint was thoroughly sponged twice daily with a solution of boracic and carbolic acid, the detergent fluid passing in at one orifice and out at the other, apparently traversing the joint and intermediate structures. Intense pain continued, and emaciation and loss of strength progressed, in the face of the most generous diet and supporting treatment.

For nearly two months the patient was bedridden and consumed by hectic fevers. Bed sores supervened and the case seemed to be moving slowly on toward a fatal termination. However, about the end of the second month from the date of the accident his appetite began to improve and he was induced to sit up in a chair for a short time each day, at first for only a few moments, but the time was gradually lengthened until his strength so increased as to enable him to walk about the yard and to keep off the bed for the greater part of each day. Meantime morphine was administered hypodermically every night, and his bowels were kept open by injections of warm water.

During the last four weeks prior to the operation he gained a little in strength and flesh, but there was little or no diminution in the suppuration, and drainage tubes were kept in the fistulary openings leading down to the bone. The syringing was also kept up night and morning; by this means the wound was kept moderately aseptic, and the absorption of pus was in a great measure prevented.

About the 18th of April the patient had a sharp attack of dysentery, which greatly reduced his slender store of vitality. For several weeks I had been convinced that necrosis of the bone existed, and was only waiting for the most favorable opportunity to operate.

After partial recovery from the above mentioned attack of dysentery, believing that nothing could be gained from a further postponement, I determined to excise the joint. Accordingly on the evening of April 23d, assisted by Drs. Litten, Gazley and

Bennett, of this city, after first demonstrating the existence of necrosed bone by the use of the probe, I proceded to operate.

Of the three methods mentioned by authors of excising this joint, I selected the most difficult of execution, because it involved less injury to the muscles and ligaments about the joint.

The incision was begun on the lower extremity of the accromion process, and carried down the arm through the center of the deltoid to its insertion (about five inches), and down to the bone, carefully dissecting through the deltoid, so as to avoid a division of its fibres, and thus injuring its future integrity and usefulness. Having divided the soft parts down to the joint the circumflex was felt for, but not found, having been disintegrated, and destroyed by the long continued suppuration. The long head of biceps was also destroyed by the suppurative process.

In dividing the muscular tissues near the bone below the joint, the posterior circumflex artery was divided, and troublesome hemorrhage was for a time encountered owing to the depth and narrowness of the wound.

It was however, at length taken up and tied. With the left forefinger hooked over the end of the bone in the joint, and with the right hand grasping the elbow, the end of the bone was forced through the wound, and was found to be denuded of periosteum for a distance of nearly three inches from its upper extremity, and was divided with the saw about four inches below the joint. At this stage of the operation, having thrust the left forefinger into the joint, a rough surface was felt, and for a moment disease and necrosis of the acetabulum was suspected, but by further manipulation the finger was hooked over the remnants of the head of the bone, and it was withdrawn from its bed, and is here exhibited. After the extraction of this fragment, the acetabulum was found to be smooth, and uninjured.

A portion of the corracoid process, however, was found to be diseased, and was removed. The cavity was well syringed out with a solution of boracic and carbolic acid, and the external wound was closed with nine silk sutures.

A drainage tube was left in the wound, the upper end of which was at the former joint, and the other was made to pass out at the lower angle of the wound.

The patient was profoundly prostrated, and his remaining vital powers was severely taxed by the shock of the operation, but under the use of appropriate remedies reaction was slowly established, and on the following morning his condition was satisfactory.

The progress toward recovery was rapid and uninterrupted. The entire tract of the incision, down to the drainage tube adhered and healed by first intention. The large cavity from which the bone was taken, rapidly filled up, and at the end of two weeks from the operation suppuration had entirely ceased.

The improvement in the general health of the patient was phenomenal. At the end of the third week he was well and returned to his business at his ranch in the mountains. I have since learned that he is rapidly regaining the use of the arm.

This case is presented to the society, not on account of its rarity, as exsection of the shoulder joint is common enough both in military and civil practice. But aside from this, the case presents some interesting and peculiar features. The failure to form a correct diagnosis is especially noteworthy. I confess that after a careful examination, I failed to detect a fracture of the head of the bone, which evidently existed, and even after repeated examinations, fracture was scarcely suspected; and this failure to detect an important pathological condition is the more surprising, as the patient repeatedly passed under the hand and observation of Dr. T. D. Wooten, of this city, whose great experience and painstaking care renders him less liable to mistakes than the writer.

It has been suggested that possibly there was no fracture, but that the head of the bone may have separated from the shaft at the epiphesis from the disintegrating effect of long continued suppuration. But this hypothesis is, in my judgment, extremely improbable, to say the least.

It is far more rational to conclude that the fracture occurred at the time of the accident, and that the head of the bone remaining in the acetabulum without vascular connection acted as a foreign body, and was the cause of the suppuration. When the lower fragment was reduced and placed in opposition to the head of the bone, of course no union could take place, but destructive

disintegration and suppuration continued. This destructive process was promoted and hastened by the upward pressure of the lower fragment against the head of the bone, until it became a mere shell, as you see. The effect of this continued pressure is also apparent on the upper end of the lower fragment as you may observe. The failure to diagnose the true nature of the injury in this case was due to lapse of time between the injury and the first examination, and the consequent great swelling and inflammation, rendering it difficult to manipulate the joint. Some comfort may be derived from the fact that the final termination of the case was not disastrous, or materially prejudiced by the mistake.

There is no denying the fact, however, that if the true condition of the joint had been ascertained at an earlier date, the operation should and would have been performed much earlier, and the patient might have been saved much needless suffering, and probably a more useful arm would have resulted.

For Daniel's Texas Medical Journal.

A HERMAPHRODITE (?) IN INSANE ASYLUM.

BY F. S. WHITE, M. D., ASS'T SUPT. S. L. A., TERRELL.

Read at Terrell Medical Association meeting, and voted to Daniel's Texas Medical Journal.

CHRISTINA HOFFMAN, married, aged 38, insane for six years. Had been confined in the North Texas insane asylum for five years. Was born in Germany. Husband a Bohemian. Were married in Illinois, and had been living as man and wife for several years.

This patient had been at one time confined in an insane asylum in Illinois, but was discharged. Was of a very marked masculine appearance, and had a considerable growth of beard; voice decidedly masculine, as was the entire make up and appearance. When in health would have weighed about 140. About one year prior to death it was discovered that there was some malformation about the genitals, but the exact nature was not determined, and it was supposed that this person was essentially a woman,

she having always dressed in female attire, and associated with women; she also being a man's wife.

Death was caused by pulmonary tuberculosis.

Autopsy eight hours after death. Body very much emaciated, bones all very large and joints prominent; no mammary glands; chest large and masculine. The pubic bones were rather prominent.

General appearance that of a man. There was no trace of a uterus or ovaries. There were two small testicles, which measured about one inch by three-fourths. The right was found just above, and lying alongside of Poupart's ligament. The left was found occupying the labia majora, just a little below the attachment of Poupart's ligament to the pubic bone. The labia majora were tolerably well developed, but not quite so round and prominent as in the well formed female.

There was only a rudiment of a vagina, only a shallow fold of mucous membrane between the labia majora, and one-half inch in depth, large enough to cover the first finger. The meatus urinarius was in about the normal location, and beneath it was a very small transverse band of mucous membrane. The clitoris was very much enlarged and elongated, in fact had more the appearance of a penis; was about two inches in length, the labia minora forming a first-class foreskin for it, and there was a tolerably well developed glans, but no urethra. This organ was decidedly erectile, as I ascertained after death, and was capable of becoming very hard, and putting on very much the appearance of a ten year old boy's penis.

Under the foreskin was an enormous accumulation of smegma, showing that the glands which are peculiar to the penis were present and performing their normal function. On one or two occasions this creature had made amorous advances toward one of the female patients and also toward one of the female attendants, but was not troublesome in the least; but these demonstrations were sufficient to show that there existed some of the animal passion.

I suppose that during intercourse with her [?] husband sufficient friction was produced in this clitoris or penis to complete the orgasm.

For Daniel's Texas Medical Journal.

APPENDICITIS.

BY A. S. M'DANIEL, M. D., SAN ANTONIO.

Read at the West Texas Medical Association meeting October 31, 1890.

I WISH to present to-day for your consideration and discussion a comparatively new surgical procedure.

I allude to the inflammation, ulceration and perforation of the appendix vermiformis, and operation for same.

The appendix is, as you all well know, situated at the lower and back part of caput cæcum coli, is three to six inches in length, diameter about that of a goose quill. Its canal is small and communicates with the cæcum by an orifice, guarded by a valve. The appendix is, of all organs of males, in the abdomen, most prone to dangerous inflammations. In females this tendency is exceeded by the pelvic organs alone.

The appendix is fourfold more liable to inflammation in males than females.

The great majority of cases of so called typhlitis and peri-typhlitis begins as appendicitis. The tissue of and about the cæcum being inflamed secondarily. Where cæcitis appears primarily, it is exceptional for it to lead to ulceration and perforation. Where the cæcum is perforated, it is from without, and due to pressure of an abscess, the result of an appendicitis.

The failure of free evacuation of the appendix is usually the first step towards inflammation. Filled with enteroliths, cherry-seed, grape-seed, with mucus, and products of decomposition, it becomes inflamed, then undergoes ulceration of the mucous lining, which may produce perforation, resulting in peritonitis, or cellulitis, depending on the location of the opening. If peritonitis, a localized inflammation, and probably an intra-peritoneal abscess. Most cases in males of so-called inflammation of the bowels are instances of inflammation of the appendix.

Most cases of peritonitis in male patients are due to perforation or inflammation of this organ. Many cases of supposed intestinal

obstruction are instances of ulceration and perforation of the appendix. Abscesses rarely occur till after perforation.

The fatality of all cases of appendicitis is not great. The fatality after perforation is however very great. The deaths are caused from peritonitis, from wasting discharges from the abscess, and septicemia.

One-third of all post-mortems show signs of old inflammations of the appendix.

I, myself, after becoming interested in this subject, noticed the bodies in the dissecting-room and dead-house of Bellevue College, and was surprised to find evidence not only of previous inflammations, but many ulcerated and perforated appendices.

The diagnosis of perityphlitis is usually easy, as there is always a tumor over the cæcum.

The diagnosis of appendicitis is however, more difficult, since there is no tumor, the tenderness is often slight and very deep.

The diagnosis must be made largely by exclusion.

Acute appendicitis may be ushered in by vomiting and pain in the epigastrium, which may mask pain in the cæcal region.

A large portion of first attacks, and many after attacks, will recover without abscess, under proper treatment, quiescence in bed, hot applications, anodynes, opium principally, light diet and avoidance of all cathartics, and all influences causing peristalsis. Reliance on treatment is justifiable in the absence of evidence of perforation, abscess, induration, lasting two or three days, or of protracted severe pain, resulting in high temperature.

A few cases will suffer sudden perforation, general peritonitis, and death, but nearly all of them failing to recover promptly will, if perforation occur, have sharply localized peritonitis, or abscess, which will be readily recognized.

Surgical interference is demanded:

1. In cases of protracted high temperature and distinct induration, that does not yield in forty-eight hours.

2. In cases of severe inflammation, lasting several days, even though no induration can be made out, and in localized peritonitis, having its origin in the appendix and producing evidence of abscess.

3. In all cases where large indurations develop rapidly, with

high fever; here extensive deposit and abscess are almost certain, and the operation should be early.

4. In all cases advanced to subacute, or chronic appendicitis, with induration, and dullness, regardless of temperature.

5. In all undoubted chronic cases of appendicitis, recurring exacerbations, whether induration can be made out or not. In all such cases, the patient is in constant danger of perforation and fatal peritonitis, and extirpation of the organ, if done antiseptically, reduces the hazard.

When to operate the most is important question. It used to be thought not proper to operate until adhesion had formed, but we now know that while we are waiting, perforation may occur and the patient die.

The local condition of the parts should be considered. There should be a certain amount of redness and a certain amount of swelling present.

Œdema is a certain indication of pus, and this should exist before you operate.

You should also have a suppurative chart, the temperature going up to one hundred and three in the evening, and down to one hundred and one in the morning. If the fever goes to one hundred and four, and drops to normal, this would be from sympathetic nervous system, and would not indicate pus. The pus chart never goes to normal.

How long must we wait when this condition is present? After the eighth day seventeen per cent. die; before the eight day eight per cent.; consequently the operation should be done before the eighth day.

THE OPERATION.

We should remember, that in these cases, we have a sac formed, and circumscribed peritonitis, this being the only safeguard the patient has, and therefore, we must be very careful, lest we open the peritoneal cavity. Make the incision, which should be about four inches in length, so as to open the sac. Begin at the center, and two inches above Poupart's ligament, carrying it upward and outward, so the center will be opposite the anterior superior spine of ilium, going carefully through the integument

and fascia and the aponeurosis of external oblique, and internal oblique, and transversalis muscle. Then stop and be very careful, for with the next cut, you kill or cure. When the edges of the wound are pulled apart, feel for fluctuation, and keep close to the ilium. You will find sac formed from lymph, and in this sac you will find the cuniform appendix. Many other things are also frequently found in this sac, gall-stones, cherry-seed, pieces of oyster shells, etc.

When you find the appendix, you should pull up the cæcum and excise the appendix, and sew the edges together with continuous catgut suture. Gently wash out the cavity, and insert drainage tube, or pack with iodoform gause, if there is much pus.

For Daniel's Texas Medical Journal.

COMPLETE RUPTURE OF PERINEUM—TREATMENT.

BY W. R. BLAILOCK, M. D., M'GREGOR.

OCTOBER 18th, 10 p. m., I was called to a perimpara. During the latter part of gestation diarrhœa had been very troublesome. Pains came on during forenoon of 18th and were increasing perceptibly in frequency and severity. Examination revealed os dilated to size of a silver dollar, vertex presentation, occiput to left acetabulum.

October 19th, 2 o'clock a. m., os well dilated, membranes ruptured with finger nail.

Pains grew stronger and it seemed that two hours at most would be sufficient for the termination of labor. The head descended into lower strait and remained without any change until 10 o'clock a. m. At this time the fœtal heart had become very feeble and the mother was showing signs of exhaustion. Applied forceps and made traction during pains, guarding the perineum as much as possible. In about twenty minutes a pain of more power came on, or else more traction than was prudent was made and the child's head and shoulders came out before the forceps could be unclasped. A little resuscitating brought the child round all right, which was a ten pound girl.

The placenta was delivered with comparative ease, but in spite of a teaspoonful of fluid ext. ergot given as soon as placenta was delivered, she had a severe hemorrhage, which was controlled by compression.

On examination, as might have been expected, a complete rupture of perineum was found. The sphincter muscle being torn through, the rent extending 2½ inches up the rectum. The patient was now rallying from the throes of labor and loss of blood, and I determined to restore the gut and perineum at once, if possible. The vagina was irrigated with water as warm as could be borne; the buttocks and rectum cleaned with warm water. The gut was stitched from above downward to sphincter, interrupted cat gut sutures being used. The two ends of sphincter were neatly approximated by means of stouter cat gut sutures passed from below, one near the upper, the other near the lower border of that muscle, leaving the knots on rectal side. Two deep perineal sutures of silk completed the operation.

A large drainage tube, well penetrated in its upper third, was passed well up into posterior cul-de-sac, iodoform gauze packed well up against the parts covering vulva and rectum; over this a thick layer of absorbent cotton, not including end of drainage tube, and the whole secured by bandage. The end of drainage tube bent downward was covered by additional gauze and cotton so the lochial discharge could be removed twice daily.

The urine was drawn with soft catheter once a day, until fourth day she passed water before my arrival. The dressing was now removed and found perfectly free from putrefactive odor. A fresh dressing was applied, the same as the first, and removed every day, the drainage tube was removed on the fifth day and left out.

Bowels were moved on the fifth day by introducing a flexible catheter attached to fountain syringe, up above sigmoid flexure of colon, and letting about a quart of warm water run in.

The first action revealed the existence of a small recto-vaginal opening. Vaginal douches of warm water were used once a day from this time, and by the twelfth day the recto-vaginal opening was entirely closed. Perineal sutures were removed on the twelfth day. Union of gut, sphihcter and perineum perfect.

Patient had a slight rise of temperature on the third day,

which I attributed to the establishment of lactation, as there was neither tenderness nor swelling of uterus, ovaries nor bowels.

Nothing new is claimed for this case. I have simply given the different steps in the treatment where immediate operation was followed by a most happy result. Involution has progressed nicely, and the lady at this time, thirty days after operation, is up and doing well, and delighted with her thriving stout girl baby.

I have used forceps a score or more times, and this is my first complete laceration. I possibly could have avoided this, but then the child would doubtless have died.

For Daniel's Texas Medical Journal.

A CASE OF TUBERCULAR PERITONITIS, WITH ASCITES FOLLOWING MEASLES—TREATMENT.

BY L. H. LUCE, M. D., WEST TISBURY, MASS.

THE following case is interesting from the severity of the disease following a mild attack of rubeola, and from the perfect recovery by medical treatment alone.

At the present time the treatment of diseases of the peritoneum is chiefly considered from the surgical standpoint, and laparotomy has a large number of followers who seem to completely ignore medical treatment. Two cases, recently published in the *Boston Medical Journal*, under the heading "Two Cases of Laparotomy for Tubercular Peritonitis," may be considered a fair presentation of the subject from a surgical standpoint, and as representing the present views of the profession. Although one case gives no chance for statistical deductions, it may well lead one to consider whether the present craze for operative interference in so sensitive a tissue as the peritoneum has not swung altogether too strongly in the opposite direction.

The patient, a female, of lymphatic temperament, aged 22, was attacked with rubeola the 25th of March, 1888. The family history was bad. Her mother having died of valvular disease of

the heart, following chronic rheumatic arthritis, and which was complicated with interstitial pneumonia, involving the greater portion of both lungs. Her father died of phthisis pulmonalis, following chronic pleuritis, with extensive effusion into left pleural cavity. An aunt on the paternal side also died of chronic pleuritis. Her grandfather on the maternal side died suddenly of angina pectonis. One of her uncles on the same side died of phthisis pulmonalis, one of valvular disease of heart with pericarditis, and another of empyemia. The patient herself, about a year before her attack of measles, had chronic pleuritis, for which she was tapped, and over two quarts of fluid withdrawn. From this she made a perfect recovery. March 3, patient was married, and about three weeks after came with a mild attack of rubeola, the eruption appearing at the usual time, but not making its appearauce as abundantly as usual. Patient was about all the time and attending to her household duties, but contrary to advice. Four weeks after recovery from the measles she appeared at my office, complaining of the enlargement of the abdomen and "bloating." She had lost greatly in flesh and was pale and anæmic. Pulse 120, respiration 30 per minute.

An examination of the abdomen revealed an enlargement to the ensiforme cartilage, equally distended, very full and tense. Points of excessive tenderness at different parts of abdomen, but principally on the left side, near umbilicus, and in the left iliac region. Small nodular enlargements to upper and outer side of umbilicus were plainly detected. A distinct wave of fluid clearly appreciable even to the patient herself. Appetite was gone, bowels constipated. Stethoscopic examination of heart and lungs gave negative results. A specimen of urine, brought next day, also gave negative results on careful examination. Hepatic dullness normal. No jaundice or evidence of hepatic complications. The possible question of pregnancy was also to be considered. An examination revealed a perfectly normal uterus, os of normal hardness, and a probe, carefully passed, gave the dimension of the uterine cavity as about three inches. Menstruation was regular, and entire absence of morning sickness.

The diagnosis of this case must be based upon a close examination of the history of the case, the predisposing and exciting

causes, and the assembly of local symptoms. The exceedingly bad history of the patient; her family a markedly tuberculous one. Her having had chronic pleuritis herself before the present attack. The extreme tenderness of the abdomen, with marked glandular enlargement, the ascites, with entire absence of organic disease of heart, liver and kidneys.

Without entering into a detailed account of the history, treatment, etc., we will simply state it in a general way. The constitutional treatment consisted, at first, of fairly large doses of potassii iodide, 20 gr. doses four times a day, after meals and at bed time. This was continued for about four weeks, reducing and increasing the dose according to its constitutional effects. At the same time small fly blisters were repeatedly applied to the abdomen over the points of tenderness. Finally teaspoonful doses of syr. ferri iodide were substituted for the potassii iodide, and given four times daily. The tr. of iodine was also substituted for the fly blisters. Mild aperients of pil rhei. co. were given from time to time and diuretics of fl. ext. of buchu and potassii acetate were employed during the continuance of the ascites. As soon as the pulse was diminished in force and frequency, and the tenderness had subsided, a generous diet of eggs, milk and animal broths was allowed.

The patient made a perfect recovery and is to-day attending to her household duties apparently as well as ever.

Cases of tubercular peritonitis are at the present time subjected to laparotomy, and this case had all the indications usually enumerated as indicating this operation. In the article referred to at the commencement of this article, the following are enumerated as some of the indications for operation:

First—Indicating operation: 1. Abundant *ascites*. 2. Absence or small amount of *solid masses*. 3. Disease *primary* in the *peritoneum*. 4. Encysted disease. 5. Intestinal obstruction.

Contra indicating operation—1. Absence of ascites. 2. Abundant masses or strands. 3. Secondary to advanced tuberculosis. 4. Intestinal ulcers.

The opinion of authorities in regard to the question of operative interference is quite decisive. Taylor and Gail state that therapeutic changes are induced in the peritoneum by simply

opening the cavity aud cleansing and washing out the cavity and inserting a drainage tube. Osler relates cases, where, after death from phthisis, the traces of tubercle in the peritoneum, cured, or in the process of cure were formed. Spaeth, Welch and Rochowneck hold contrary opinions.

It is far from proved that laparotomy gives us anythiug to hope for in tuberculous disease of the peritoneum, and in a disease where constitutional conditions, back of the local manifestations, are at work, it would seem unphilosophical to resort to so formidable an operation.

For Daniel's Texas Medical Journal.

SYNOPSIS OF A PAPER ON INDICATIONS FOR OPERATION IN ECTOPIC GESTATION.

BY CHARLES A. L. REED, M. D., CINCINNATI, O.

Surgeon to the Cincinnati Free Hospital for Women, Professor of Gynecology and Abdominal Surgery at the Cincinnati College of Medicine and Surgery. Fellow of the American Association of Obstretricans and Gynecologists. Chairman of Lecturers on Obstretrics and Diseases of Women of the American Medical Association.

Read before the Southern Surgical and Gynecological Association, at Atlanta, Georgia, November 12, 1890.

THIS paper starts with the assumption that the only proper treatment of ectopic gestation is by laparotomy or, more properly, cœliotormy. While the profession has become practically unanimous that this is the proper line of treatment, the indications for operation have been less definitely decided upon. This conviction is forced upon the observer, not only by a study of the literature of the subject, but by encountering cases which have been advised against operation by their attending physicians, until hemorrhage within the pelvis has threatened a fatality, which is but too frequently realized. The most legitimate excuse for this dilatory practice, is to be found in the confusion which has arisen with regard to the supposed uniform causal relationship of ruptured ectopic gestation to pelvic hæmatocele,

and the division of the latter into "primary" and "secondary" rupture. These terms are unfortunate, and, as used in this connection, may be entirely arbitrary. "Primary" rupture is made to mean rupture beneath the peritoneum, instead of "first" rupture, as the etymology of the word would imply, while "secondary" rupture is made to mean rupture within the peritoneum, instead of "second" rupture. Whereas, an intra-peritoneal rupture may be, and frequently is a primary rupture, when spoken of with reference to the sequence of events in ectopic gestation. There would be no serious confusion even here if we were not also taught to leave extra-peritoneal hæmatoceles alone to be taken care of by absorption, and if we did not add that, as these hæmatoceles are generally caused by ruptured ectopic gestation sac, we are to relegate these cases also to the expectant plan of treatment. This conclusion is without warrant, and is responsible for hundreds of deaths annually from this one cause.

The treatment of ectopic gestation premises the diagnosis of this condition. This is obviously difficult, and in the majority of instances cannot be arrived at at all, or, if at all, only presumptively; but in all these cases conditions can be found in the pelvis, which if not conclusive of extra-uterine pregnancy, yet constitute conclusive indications for exploratory operation. The presumption of ectopic pregnancy can be arrived at before rupture, chiefly by a history of previous sterility, by a previous amenorrhœa, followed after a few weeks by irregular hemorrhage, by increase tumefaction to either side or back of the uterus, and by the existence of false decidua within the uterus. The latter fact may be safely determined by the judicious use of the Emmet curette forceps. The diagnosis after rupture is essentially the diagnosis of internal hemorrhage. Time wasted either to determine the cause of that hemorrhage, or to find out if it be "primary" or "secondary," is criminal. The thing to do is to cut down and operate. The position has been taken that time should be taken for the patient to rally from the shock. One of my own cases died simply because I waited twelve hours for reaction—a lesson which taught me the fallacy of the old teaching, and which has since saved lives at my hands. The best way to overcome shock from internal hemorrhage is to stimulate the patient

by giving ether, stop the drain by ligating the bleeding vessels, and rouse the nervous system by washing out the belly with hot water.

In cases which come under observation after reaction from primary shock, shall we wait for evidences of so-called secondary rupture? In one of my cases suppuration occurred, and in another the blood clot grew until in the course of some weeks it measured nine pints when I removed it, and still another case emphasized by the latter fact. These cases all recovered, but they taught me the fallacy of waiting for absorption.

What shall be done with the appendages on the other side? In view of the fact that tubal pregnancy generally depends upon desquamative salpingitis, as confirmed by the recent observations of Formas before the American Association of Obstetricians and Gynecologists, and in view of the fact that this disease is almost uniformly bilateral, the question is at once raised: Is the woman liable to an ectopic pregnancy on the other side. Herman in the *British Medical Journal*, September 27, 1890, reports such a case; and Tait reports another with death from rupture of the second conception. Leopold Meyer reports another, and refers to verified cases by Veit and Olshausen. There are now at least ten cases on record. From this I conclude that if the patient's condition at the time of operation is such as to justify further interference, the appendages from both sides should be removed.

In the presence of rupture, the indications for operation are so imperative that no time should be lost in unnecessary preparation. In this connection, a recently reported case by Manly, of New York, offers points for the severest criticism. In that case a night was waited for a reaction, which was not realized, and a part of the day was squandered in washing the wall-paper to meet listerian indications while the woman was bleeding into her abdominal cavity, and although by dint of marvelous vitality she recovered, the lesson is none the less impressive that the delay was culpable.

The question of viability of the child has some bearing upon the line of treatment to be adopted. If the case has passed beyond the sixth month, let it proceed to term, but only under the strictest possible surveillance and with preparations at hand to

operate at any moment. The statement by Manly that "ectopic, or extra-uterine pregnancy is not attended with great peril to the mother's life," [*Internat. Jour. Surgery*, October, 1890,] could be accounted absurd, if its influence were not murderous.

The conclusion to be arrived at from the most careful study of the subject, is that so clearly expressed by Tait, viz.: "If I ever should make a diagnosis of tubal pregnancy before rupture, I should advise its immediate removal by abdominal section, as being more certain and far more safe than the fancy methods of puncturing the cyst and injecting poisonous fluids, or passing through it some kind of galvanic current."

For Daniel's Texas Medical Journal.

A REMARKABLE CASE OF DESQUAMATION.

BY R. W. SKIPPER, M. D., HOLLEY, TEXAS.

ON JANUARY last I was asked to treat a girl, Carr, colored, and her father gave the following history of the case. I did not see her on account of pressing engagements. Patient was thirteen years of age and very strong. She was sick with a fever of remittent type and had severe pains in the abdomen. Her father said that she had the "hottest skin" that he ever saw, and it was constantly dry for four days, spite of best methods to reduce fever. She had a "course" of mild mercury daily, and quinine abundantly at night. On the third day she passed a lumbricoid worm and pains in the abdomen grew worse. I gave santonine at once with hydr. chlor. mite, and in two days she had passed thirty-six of the largest worms.

By this time the skin was moist, and convalescence began and was soon complete. Extensive desquamation took place, the cuticle coming off in large patches. She is now, November 7, quite well, and has been well from that time.

Could the worms in this case have caused the desquamation of cuticle which was complete? She had taken quinine repeatedly, without showing any such idiosyncracy. It is for this reason

that I report this case. The "gloves and slippers," as I call the perfect casts of the hands and feet which were shed, are in possession of Drs. Daniel and Brooks, the Journal men of Texas, and may be seen by any that will call upon them.

Society Notes.

WEST TEXAS MEDICAL ASSOCIATION.

Editor Daniel's Texas Medical Journal:

The regular quarterly meeting of the West Texas Medical Association convened in the city of San Antonio October 30th inst., at 10 a. m. Dr. G. W. Kerr, President, in the chair. The morning session was occupied with routine business and receiving applications for membership.

The afternoon session was spent in a most edifying manner. Several meritorious contributions to medical science were read and ably discussed by members present. The essays presented were without exception of high character, and reflected credit upon their respective authors.

Dr. A. S. McDaniel read a paper* on Appendicitis, discussing the pathology, course and treatment of this disease. Dr. R. Menger reported a case of aneurysm of the palmar arch in which after twice ligating the radial artery amputation was necessitated on account of gangrene.

Dr. H. J. Trolinger read a paper on hay-fever, the chief feature of which was a consideration of its ætiology. He does not accept the neurotic origin—does not believe the theory that it is a "neurosis" a tenable one.

The President, Dr. G. W. Kerr, read a paper on per oxide of hydrogen, extolling the anti-suppuratiue virtues of this potent but unstable compound.

It goes without saying that the discussion following the read-

*Published in this issue.

ing of these papers was both instructive and entertaining. The evening session was even better attended than either the morning or afternoon. As soon as the meeting was called to order a resolution† was introduced for the unanimous endorsement of Dr. R. M. Swearingen for state health officer. The applause which this resolution received left no doubt as to the unanimity on that score.

The election of officers came next in order, and the following gentlemen were duly elected by acclamation:

Dr. J. V. Spring, San Antonio, President; Dr. A. Garwood, New Braunfels, First Vice-President; Dr. F. Terrell, San Antonio, Second Vice-President; Dr. James Kennedy, San Antonio, Secretary and Treasurer.

After hearing the report of the faithful and zealous retiring Secretary, Dr. Berrey, the question as to the place of next meeting was voted on and it was decided to meet again in the hospitable city of the Alamo. The meeting then adjourned but was shortly thereafter re-convened in the banquet hall where a delightful repast awaited us—and in so much as we have been told that "man should not live by bread alone" other palatable accessories were in waiting. We ate, drank and made merry, then dispersed to our respective abodes.

The next quarterly meeting will be held in this city (San Antonio) Monday, February 1, 1891.

JAMES KENNEDY, M. D., Secretary.

CHEROKEE COUNTY MEDICAL SOCIETY.

Editor Daniel's Texas Medical Journal:

The Cherokee County Medical Society met in regular session at Jacksonville last month. Owing to the ill health of Dr. McCord the committee on collective investigation made no report. Three regular papers, however, were read. One by Dr. Evans,

†Published in the November number of the Journal.—ED.

on Sterility; by Dr. Guinn, of Rusk, on Gonorrhœa, and one on Drunkenness, by Dr. Cavanness.

These papers were well timed and freely discussed, and discussions are all voluntary, free and easy. This meeting was very well attended and was one (like all the rest) of interest and profit. Our Association has accomplished, and is still accomplishing good in our county. We took in two new members, leaving only nine in the county on the *outside.*

The subjects and essayists for next meeting are: "Hyperplasia of the Uterus," by Dr. F. E. Fuller. "Causes, Diagnosis and Treatment of Endometritis," by Dr. A. H. McCord. "Causes and Treatment of Cervix Uteri," [?] by Dr. J.W. Smith. "Causes and Treatment of Acute Yellow Atrophy of the Liver," by Dr. J. F. Johnson.

Our next meeting is in January, at which time we hope to have a full attendance.

Yours truly,

J. K. FRAZER, M. D.

AN ERROR.

GAINESVILLE, TEXAS, Nov. 17, 1890.

Editor Daniel's Texas Medical Journal:

On page 332 of the Transactions of the Texas State Medical Association, 1890, the Publishing Committee, by mistake, placed the name of B. R. Thomason, M. D., upon the list as an accredited delegate from the North Texas Medical Association. Will you publish this correction in the JOURNAL, as no delegates were appointed by said Association?

Yours truly,

V. A. HOWETH, M. D.,
President N. T. Med. Association.

[Referring to the above, it was perhaps a clerical error of the Judicial Council in reporting upon the accredited delegates. —ED.]

Items of Interest.

[CULLED BY DR. B. F. CHURCH, AUSTIN.]

Cannabis Indica in Gastric Disorders.—After a full discussion of the forms of indigestion that are recognized, and the use of cannabis indica in their treatment, Dr. See arrives at the following conclusions:

1. The most convenient form in which to employ the drug is the extract in doses of about three-quarters of a grain a day, divided in three portions. Above this dose the drug is apt to produce unpleasant effects.

2. The drug was chiefly tried on non-organic affections of the stomach. These were divided into two groups. The first included cases in which the gastric juice was altered in composition, especially if there was an excess of hydrochloric acid. The second group consisted only of gastro-intestinal neuroses, in which there was no choice in the digested juices.

3. All these affections—dyspepsias and neuroses—were characterised by five sets of symptoms occurring in various proportion. (a) Pain, local or radiating, arising spontaneously or after food. The variations in appetite belong to this group. (b) Atony of the stomach, with or without dilitation, is almost always present. Vomiting is more frequent in the neurotic cases. (c) Flatulence and eructation in most cases, in the neuroses the gas consists of air which has been swallowed, gases formed by decomposition arise from lactic or acetic acid fermentation, and not from excess of hydrochloric acid. These gases are the cause of the painful symptom known as "heartburn." (d) The gastric digestion of flesh food and hydrochloric acid is in excess, but is deficient when too much lactic or acetic acid is present, and completely in abeyance when there is a deficiency of acid. In neurotic cases gastric digestion is normal. Constipation is the rule in most cases. (e) In this last group are placed the varied symptoms, giddiness, migraine, palpitation, agoraphobia, etc.

4. Cannabis indica gives relief from pain and increases the appetite in all cases, no matter on what causes the pain and loss

of appetite may depend. If, however, too much hydrochloric acid be excreted, it is better to aid the action of the drug by large doses of bicarbonate of soda given about four hours after food. Cannabis indica has no beneficial action on the atonic state of the stomach, but it relieves vomiting and cramp of the stomach. The drug has no direct influence in checking flatulence, but it aids the expulsion of gas and diminishes heartburn. The digestion of food is improved, if the failure depends upon neuro-paralitic conditions, or is rendered painful by an excess of acid, but no improvement is produced if the disorder is caused by a want of acid. As regards the other symptoms, giddiness, sleeplessness, palpitation and the like some relief is generally experienced by the use of this drug, but no alteration for the better is noticed in the hypochondriacal, hysterical or neurasthenic condition. In short, cannabis indica may be said to be a true sedative to the stomach, without causing any of the inconveniences experienced after the administration of opium, chloral or the bromides. It should be combined with the use of alkalies in large doses and with mild aperients.—*The Lancet, N. Y. Record.*

Dr. Roberts Bartholow, in an article on the treatment of croupous pneumonia, published in the *American Journal of the Medical Sciences*, Nov., 1890, bases his treatment upon the theory of the disease being specific. His method seems very rational, whether or not the pneumo-coccus is a factor in its etiology.

The inhalation of ethel iodide is given the first place as a therapeutic agent. He says: "The influence exerted by it upon the cough, the labored breathing and general *malaise* is a remarkable fact. It has the signal advantage that no apparatus is required, it vaporizes at ordinary temperature, it causes no irritation of the mucous membrane, and it does not act as an anæsthetic. It can be given on a folded handkerchief, dropped in such doses as may be necessary, or it may be inhaled from a wide-mouthed vial. As full inspiration as the patient can make, is then practiced, and the vapor thoroughly diffused through the air glides into the utlimate air sacs, whence, also, it passes into the blood.

The physiological action of ethel iodide is antiseptic and depurative or eliminant. * * * "The effects of ethel iodide

are both local and systemic—locally upon the parts impinged upon in entering the system, and systemic in that, diffusing into the blood, it is necessarily carried to all parts.

What explanation solves may be true of its action, all of the cases were apparently much benefited by the inhalation, and all expressed a sense of relief to the general *malaise*, and to the specific symptom, cough, bronchial irritation, and expectoration, —the last mentioned being soon changed in character and in quantity. The manner of conducting the inhalation consisted in dropping the requisite dose (m. xx to ʒss.) on a folded handkerchief tightly placed over the mouth and nose, by the patient if able to do so, or by the nurse, when necessary. No complaint was made of the action, except some dizziness, and this occurred in a few only."

Small doses of calomel, 3 grs., repeated two or three times, if necessary, are given to relieve portal congestion; acting in this way as an antipyretic, it also has an antiseptic effect.

For sleeplessness and delirium in the early stages he recommends chloral in moderate doses, and agrees with Dr. Ben Richardson, that chloral has the power to dissolve fibrin masses and exudates. He favors blood-letting by leeches in some cases, but thinks venesection is rarely necessary. Food or stimulants should not be forced upon an unwilling stomach. As three or four hours is the minimum time for stomach digestion, food, under no conditions, should be given at shorter intervals. Stimulants only when there is marked depression. If necessary, paregoric may be given for pain and cough. Besides its systematic effects, the iodide will greatly modify the last symptom.

Lupus Vulgaris.—Lupus vulgaris, of which we are now hearing so much, is an extremely chronic disease of the skin, attacking persons between the ages of two and fifteen. It is characterized, says Green, by the appearance of reddish-brown nodules of granulation tissue upon the skin, usually of the face. The mucous membranes are rarely affected. The nodules start in the corium, but penetrate the connective tissue beneath and the papillary layer above. The different stages and clinical aspect of the disease as it progresses are known as lupus maculatus,

lupus ufoliatinus, lupus exulcerans, lupus serpiginosus, and lupus hypertrophicus.

The disease shows by the formation of fresh nodules at the perifery of the original lesion, new centers form and the old ones may gradually disappear. If the tissue breaks down, an open sore is found, covered with yellowish and brownish crusts.

The nodules consist of granulation tissue, containing epithelioid and a few giant cells. Unlike ordinary tubercle, the lupus nodules are rather vascular. Tubercle bacilli are found in the tissue, but they are very infrequent, and often many examinations are required to detect them. Inoculation of lupus nodules will, it is asserted, cause tuberculosis in rabbits and guinea pigs, but inoculation of the skin with tubercle will not produce lupus.

For this and other reasons so distinguished an authority as Kaposi denies that lupus is a cutaneous tuberculosis, although that view is held positively by Koch and his pupils.

Lupus, chronic as it is in its tendencies, often disappears for a time under treatment, only to reappear later. Dermatologists generally give a favorable prognosis, provided treatment is persisted in.—*N. Y. Med. Record, Nov. 20, '90.*

Local Anæsthesia for Slight Operations.—For operations upon small abscesses, opening fistulous tracts, or removing superficial growths, it is recommended that local anæsthesia be secured by atomization of the following solution:

℞ Chloroform 10 parts,
Sulphuric ether 15 parts,
Menthol 1 part

M.

The anæsthesia thus obtained lasts two to ten minutes.—*Medical News.*

Aristol in Otorrhœa.—Dr. Williams, in the St. Louis *Surgical and Medical Journal*, found good results by the use of Aristol, in connection with boric acid, in the treatment of otorrhœa. His treatment was to wash the ear thoroughly and dry it, then apply aristol powder, and follow this with boric acid. Thinks the use of aristol a good preparatory treatment and that a single application facilitates a cure.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

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Dr. T. C. Osborn, Cleburne, Texas.
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Dr. E. Meierhof, New York.
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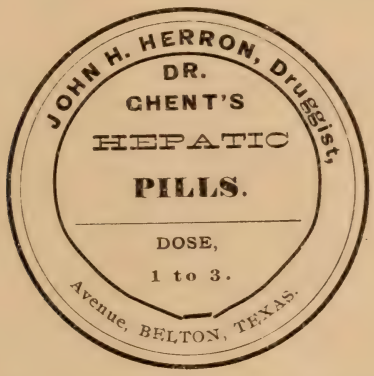

The above is a *fac simile* of the printed label on a box of pills dispensed by a Belton druggist,—whether on prescription or not our deponent sayeth not, but he very pertinently asks "if it is ethical for an ex-President of the Texas State Medical Association to have any hepatic pills, (dose 1 to 3)?

By reference to the Transactions of the State Medical Association for 1887 it will be seen that a member was *expelled* by the Judicial Council—not for making "hepatic pills"—but for *being associated in practice with one who did!* What they would have done with the "one who did"—(had he been a member) make

and dispense pills called by his own name, can only be conjectured.

In the case of an ex-President, a zealous advocate of the suppression of Quackery, and one who is on record as having compiled facts to show the great prevalence of quackery in Texas—and who has written often and much on medical ethics—it certainly does not look well, to say the least, to see his name attached to a box of "hepatic pills" (dose 1 to 3)—in a proprietary connection. To have his druggist to make and dispense a pill bearing such a label, or even to permit him to do so, seems to us clearly a violation of the spirit, if not the letter of the code, and is glaringly inconsistent with the pretentions and utterances of the distinguished Henry Clay Ghent,—the erst-while "legislator-loud" in the demands for "regulating the practice" and "suppressing quackery" in Texas. Whether or not the fact that his druggist manufactures and keeps in stock (with his permission, of course) "Dr. Ghent's Hepatic Pills"—(dose 1 to 3)—along with "Dr. McLean's Liver Pills," etc., is actionable, and should subject him to the same rule by which the member above referred to was measured, the JOURNAL prefers not to express an opinion; but—it is a favorite saying with us—a crude expression of an inborn sense of equity—that "sauce for the goose *ought to be* sauce for the gander." Or, does the mantle of the Presidential office—like that of "charity"—cover a multitude of faults?—or, to paraphrase the old English law—can the President (of the State Medical Association) do no wrong?

In the light of such revelations as the above, is it any wonder that the common people cannot discriminate between the regular and the irregular in medicine? Buying a box each of "Dr. McLean's Liver Pills" and "Dr. Ghent's Hepatic Pills," can farmer Hayseed be expected to appreciate the vast gulf that separates Dr. G. from Dr. McL.? or see any difference, except that supposed—in his "untutored mind" to exist—in the words "liver" and "hepatic"? And is not even *this* taking an advantage of his untutored mind, to say "hepatic" instead of plain "liver,"—(a familiar word to the country folks)—and *make him believe*,—as Weller, Sr., said of Sam's "walentine"—"it means more?" Put it plain, "Dr. Ghent's Liver Pills, and Dr. McLean's

Liver Pills, and no farmer on earth could see any difference between them, nor between the positions the two doctors bear relatively to the people and the profession.

The honor of the Presidency in medical associations is supposed to be bestowed on the most worthy—the most examplary members. They ought to be as Mentors, or beacon lights to their followers. They should set the example in their walk and conduct, to lead to the highest and purest lives, morally, socially and professionally. They should in their daily walk exemplify the spirit of the code, and thus incite to higher aims. If our leaders descend to questionable methods and practices—is it fair to visit summary punishment in the lesser lights who follow their example? What respect for the code could a student of Dr. Ghent have—in knowledge of his "hepatic pills" being on sale along with Dr. Tutt's and Dr. Carter's at the village drug store?

KOCHS' "CURE."

The all absorbing question not only in medical circles but in the secular press is Koch's "Consumption Cure," and naturally there is great diversity of opinion upon the subject. Many are loud in their condemnation that he should so far, apparently, persist in keeping secret the nature of his alleged great discovery, and attribute to him unworthy motives in so doing. In this, we think, they do him great injustice. Koch has sense enough to know that if further time and experiment—both of which are necessary—shall prove that he has really made a disovery of the vast proportions indicated by the dispatches, he will not go unrewarded; that his nation will enrich him and load him with honors. Why then would he want to make money from the sale of his stuff? Without being in possession of any information on the subject further than that which has been made public, the JOURNAL submits as a reasonable solution of the question why he has not made public the details of his plan, that as yet it would be premature; he says himself, that he is not fully satisfied, and is daily experimenting, in the hope of being able in due time to

announce positive results. To this end, it seems, he has given his secret and a portion of the "lymph" (which is said to be the remedy used) into the hands of a few reputable physicians for trial. Were he to allow every one calling himself "Doctor" to get hold of the lymph, no doubt great abuses would be made of it, and extortion practiced on the credulous sufferers; while discredit would be brought upon the whole thing.

As to the nature of his "cure," then, we can only speculate. Were it announced as a preventive instead of acure, one would naturally suppose, reasoning from analogy, and from what is known of vaccination as prophylactic of smallpox—and which would seem to furnish the key to the problem of preventing all diseases due to a living organism susceptible of cultivation—that he injects an attenuated cultivation of the tubercle bacillus; and in order that it should prevent consumption this would have to be done before the appearance of the bacillus in the patient; for such an inoculation would no more cure incipient phthisis than vaccination would cure small-pox. Hence, its range of application would be very limited, and the patients selected from those only in whom the disease is supposed to be hereditary; there would be no hope for the consumptive. But as it is not a preventive, but said to be a cure, we are driven to conclude that the lymph used can not be of the nature of a cultivation of the bacillus, but is simply a vehicle for the conveyance of a germicide, in some shape or form;—unless Koch can really exclaim "Eureka," and has found an antagonistic and more powerful bacillus than that of the tubercle,—one which will destroy the latter! But—would such a fellow—so deadly to the deadly tubercle microbe, be innocuous to the human system? That is the trouble with all germicides; in order that they may be fatal to the bacilli—they must be given in such strength as to be dangerous to human life. Were it not that corrosive sublimate will kill a man—it might be used to kill all the tubercle bacilli in existence. We venture the assurance that when Dr. Koch sees proper to make known the secret of his plan—it will be found to consist of fighting the tubercle bacillus *in situ* with some kind of a germicide.

The only thing to be apprehended is that the whole thing will blow over—and the great hopes and expectation now raised be

blasted,—as was the case with Ferran's and Frier's discoveries; meantime, we can only wait and hope. It seems reasonable to hope that some day—prophylaxis of all diseases, caused by contagion, will be practicable—on the principle illustrated in vaccination against small-pox. We learn that in a short time Dr. Koch will be able to supply the lymph to responsible physicians for experiment, and at reasonable prices. So far, none has been brought to Texas—as will be seen from the extract from his letter published elsewhere.

If there is anything in it, what a valuable adjunct to the treatment can be found in the pure dry air in Southwest Texas; and at Austin, especially, a sanatarium should be established. Of this, more anon.

Medical News and Miscellany.

Dr. T .J. Everett has removed from South Bosque to Lorena.

Dr. T. P. Davis, of Canton, Texas, is taking a special course at Atlanta, Ga., Medical College.

Dr. R. P. Talley, of Belton, will shortly remove to Temple—the great centre of railroad crossings.

Christmas is here again. Now is the time to remember the poor—editor. Send in your two dollars—Christmas gifts—for the JOURNAL.

Dr. A. V. Doak, of Taylor, has made a fortune in practice and real estate and has given notice that after 15th instant he will retire frm practice.

The Journal has received Blackiston's Physicians' Visiting List for 1891. It is the standard, and has stood the test of thirty-eight years trial by the profession, and still holds the lead.

Dr. L. W. Cock has left Laredo—he says he and the boom left together—and is temporarily at his old home in San Marcos—catching bass—and looking around for a new location to practice,

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The Business Men of Galveston have memorized Governor-elect Hogg, asking that Dr. R. M. Swearingen be appointed State Health Officer. This is a supplement to the physicians' memorial already mentioned.

The Journal has recently been favored with calls from a number of prominent physicians—amongst them Dr: W. W. Reeves, of Wills Point; Dr. T. A. Pope, of Cameron; Dr. R. P. Talley, of Belton; Dr. F. S. White, and others.

In connection with the appointment of State Health Officer we omitted to mention in the list of aspirants the names of Dr. C. T. Simpson, of Temple, First Vice-President T. S. M. A.; Dr. W. W. Reeves, of Wills Point, and Dr. W. L. Barker, of Waco.

Dr. James Kennedy, of San Antonio,—the newly elected Secretary of the West Texas District Medical Society,—is one of the best practical chemists in the State, and should Texas have a State Board of Health, no better chemist could be found to serve on it.

Food for Infants.—Dr. Louis Starr recommends the following as the best substitute for the mother's milk in *gradual* weaning of a child, say at ten months; it may also be employed to support the breast when the mother's milk is insufficient:

Cream ℥ss.
Milk ℥ii.
Sugar of milk ʒss.
Water ℥i.

Should the quantity fail to satisfy the child, all the ingredients except the cream may be increased until the mixture measures six, eight or twelve ounces.—*Journal of the American Medical Association.*

Married—in Austin, Texas, Dec. 15, 1890, Dr. C. T. Young, of Waco, to Miss Jennie Duffield, of Austin.

Married—in Austin, Dec. 1, 1890, Mr. R. G. Johnson, of Fort Worth, to Miss Maud, daughter of Dr. T. D. Wooten, of Austin.

You can get the New Orleans Medical and Surgical Journal ($3) for $2 by taking it in connection with this JOURNAL—both for $4.

The Texas Wholesale Drug Social Society is the name of an organization effected at Fort Worth, Dec. 14, by the wholesale drug men of Texas. B. F. George, of Houston, was elected President, and W. N. McKnight, of Fort Worth, Secretary.

Married.—On Wednesday evening, at 7:30 o'clock, at the residence of the bride's father, Mr. N. B. Steddum, in Mt. Calm, Dr. J. B. Creswell and Miss Minnie Steddum were united in the holy bonds of matrimony. Rev. Mr. Lenz officiating.—*Hubbard City News, Dec. 4.*

Removals.—Dr. St. Cloud Cooper has removed from Jefferson to San Antonio. Dr. W. H. Wilson has removed from Weldon to Trinity. Dr. F. M. Leonard has removed from Brookston to Harold, Wilbarger county. Dr. A. N. Carr has removed from Ragsdale, Fannin county, to Greenville, Hunt county.

Dr. F. S. White, the able First Assistant Physician of the State Lunatic Asylum at Terrell, was in Austin lately. The Doctor has had a fine experience in asylum administrations and practice, having filled his present position about nine years. He is prominently spoken of as the coming superintendent for the new asylum at San Antonio, now in process of construction,—a position for which his training at Terrell, his special studies, and his natural and acquired abilities admirably fit him.

Trades and Occupations.—*The Youth's Companion* for 1891 will give an instructive and helpful Series of Papers, each o...

which describes the character of some leading Trade for Boys or Occupations for Girls. They give informatiou as to the Apprenticeship required to learn each, the wages to be expected, the qualities needed in order to enter, and the prospects of success. To New Subscribers who send $1.75 at once the paper will be sent *free to Jan. 1, 1891, and for a full year from that date.*

Address, THE YOUTH'S COMPANION, Boston, Mass.

News from Berlin—Koch's Remedy.—Through the kindness of a gentleman in Austin who has been in correspondence with Dr. Koch the JOURNAL is furnished with the following extract from a recent letter from the great bacteriologist. Dr. Koch says: "If the lymph be given to every applicant pretending to be a doctor, or the preparation of same, it would perhaps cause more deaths than now this dread disease, consumption; and we can only give it to institutions of known repute where they will earnestly experiment, or to recognized regular physicians. We have had no applications from Texas as yet, and could not fill them at present if we had, but will be able to do so in a short time, to those who may be desirous to properly help us in our experiments. We have received ample means from the government to produce the lymph, and it can be given to applicants at 25 mark for 5 grammes. One vial contains 5000 injections."

We are requested by Mr. Jos. A. Hincks, Secretary of the City Eye, Ear, Nose and Throat Free Hospital, of New Orleans, La., to make the following announcement to the medical profession:

On the first Monday in January, 1891, the Executive Committee of said Institution will proceed to elect, upon the recommendation of the medical staff, two resident surgeons, upon the following conditions:

1. They must be graduates of a reputable medical college.
2. They must be under thirty years of age.
3. They must sign an agreement to serve for one year.

The hospital will furnish only lodging and its unsurpassed facilities for the study of the eye, ear, nose, and throat.

For the information of those interested, we will state that dur-

ing a period of eleven months 32,712 consultations were given to 3206 patients, and over 500 operations of all kinds performed.

Applicants should state what other degree they possess besides their medical degree. References should also be given.

Applications should be in the hands of the Secretary by Dec. 25, 1890.

Extracts from recent German Publications.—The following excerpts in regard to Dr. Koch and his lymph are taken from recent German publications:

"The Emperor of Germany has presented Dr. Koch with the Cross of the Red Eagle, and it is the first time this honor has been conferred upon one who is not in possession of the minor honors."

"Dr. Stellwag, of the Vienna University, warns his scholars 'not to believe what they hear of Dr. Koch's remedy, but only believe what he himself positively asserts. As yet nothing is definite but that it will cure lupus. It is not positively ascertained whether lupus is originated by the bacillus which causes lung tuberculosis.' "

"Dr. Kraus, of Vienna, who attended experiments of Koch's injections at Berlin, says that he believes in its efficacy in muscle and skin tuberculosis but has doubts about it regarding the cure of advanced lung tuberculosis."

"Dr. Ullmann, a renowned authority in bacteria, says it will take a full year of experiments and treatment in proper institutions to ascertain the fact whether in the incipient or advanced stage of lung tuberculosis the lymph will be a curative agent."

"Dr. Kowalski, chief of the Bacteriologic Institute of Vienna, defends Dr. Koch in his secrecy of the ingredients or make-up of the lymph, and says it is the strongest medicine now known in our materia medica and one that can not be too guardedly experimented with."

The Asylum Superintendency.—With each change of administration there is a hubbub of excitement created throughout the State with regard to the changes sure or almost sure to be made in the management of the several asylums of the State.

And this excitement is not confined to the medical profession alone, but it extends to and exerts a baneful influence upon the more intelligent inmates of the asylums themselves. From the time a new governor is elected until after the appointment is made these inmates—who, perhaps, by long association have become strongly attached to the medical officers of the asylum, are in a state of vague fear and apprehension that a new man, and, perhaps, an uncongenial one, will soon be assigned to the charge of them—body and soul—and it may well be imagined such fear is *not much* calculated to hasten the recovery of their mental equilibrium. A case in point now: There is a vague rumor that Dr. Wallace—the designer, and, you may say, the supervising architect of the building of the insane asylum at Terrell—and who has had charge of the asylum from its founding, in 1883, is to be removed for political spite or revenge. Just how such rumor started, it is hard to tell, but it has spread, and the inmates of the asylum are in a flutter of excitement, not unmixed with indignation at the prospect of being deprived of the efficient —they say—fatherly care of their long-time superintendent.

Now, the JOURNAL does not believe that J. S. Hogg is built that way; he has too much sense, and too much soul to sacrifice the welfare of some hundreds of this class of unfortunates to a miserable little political pique or spite. Suppose Wallace was *not* a Hogg man—as has been charged—Governor Hogg was elected by such an overwhelming majority he can afford to laugh now at any man's feeble opposition. And suppose *there are*, as alleged, as competent men in the State as Dr. Wallace,—which we doubt very much as to this particular,—is the change justifiable? Dr. Wallace's management of this asylum these many years has been characterized not only by efficiency and economy, but by peace and harmony, (which cannot be said of some others); and his report shows results seldom attained in institutions of this character. We shall have more to say of this subject at some future time.

Mosquera's Food Products—Beef Meal, Beef Cacao.—Parke, Davis & Co., whose reputation for original work has long been established, announce that after thorough study of the va-

rious food products they can now supply preparations which will fulfill all the requirements for therapeutic and dietetic use.

Physicians, in their practice, very frequently meet with cases where nutrition is of more importance than medication; in fact, cases where nutrition is the only agent they can count upon. The question of replacing the waste of tissue, where normal nutrition is inefficient, by means of concentrated or predigested foods, is one that always presents many difficulties, there being very few preparations, if any, that meet all the requirements of the medical profession.

Heretofore medical practitioners have had at their disposal a great variety of preparations of meat. These are divisible into four great classes. We have, in the first place, the extractr of meat, prepared after the formula of Liebig; then the meat juices; next the ordinary powdered meats; and, finally, the meat peptones.

The ordinary process of preparing meat extracts involves a simple extraction of meat with either warm or cold water, and an evaporation of the resulting solution continued until reduced to a thick liquid or paste. This extract contains the inorganic soluble salts of the meat and some stimulating organic matter, but none of the nourishing, flesh-forming albuminous substance.

The meat juices are usually cold extractions of the meat, and such products contain some soluble albumen, which coagulates out upon boiling, and, naturally, cannot amount to much more than four or five per cent. The meat juices, therefore, possess but little nutritive value.*

Powdered meats, as heretofore known, are nothing more nor less than the residue left after extracting all the soluble constituents. Dujardin Beaumetz and several therapeutists, as a result of a careful line of experiments, concluded that this powder possessed a high nutritive value, and could be employed to advantage in the treatment of certain diseases (consumption and dyspepsia especially). That they are concentrated nutrients is a fact, for beef, in its natural condition, contains 75 per cent. of moisture, all of which is driven off in the preparation of the powder.

[Wyeth's Meat Juice is an exception and possessess real value.—ED.]

The fact, however, that these powders are liable to become rancid, or else have been deprived of the inorganic salts, peculiar to meat in its natural state, which salts are quite essential in the digestive process, is an objection to the meat in this form. Moreover, powdered beef requires just as much effort on the part of the stomach to digest it, as does ordinary beef, and for this reason cannot be regarded as a proper food for patients suffering with derangement or weakness of the digestive organs.

Another group of meat preparations embraces the meat peptones.

Peptone is the ultimate product of digestion, and the form in which the albuminous or proteid matter is assimilated by the system. These peptones are invariably the product of the artificial digestion of meat by animal pepsin and hydrochloric acid, or, although to a smaller extent, by the digestive ferment of the carica papaya. These are the only preparations really valuable as nutrients. But the physician meets here with another difficulty, in many cases insurmountable; the taste of the peptones is, more or less, bitter and objectionable to the palate, so that patients either absolutely refuse to take them, or take them only with the greatest repugnance. Besides this, their price is comparatively so high that frequently the physician is obliged to abstain from prescribing them.

All the difficulties heretofore encountered by the medical profession in the use of predigested foods, have been overcome by the new food products of the Mosquera-Julia Food Company.

Mosquera's Beef Meal contains all the stimulating principles of the extracts of meat, and, in addition, the nutritive principles which the extracts lack; all the albumen of meat juices without their weakness; all the strength of powdered meats without their rancidity and insolubility; all the peptone of the peptonized meats without their bitterness.

The claims we make on behalf of Mosquera's Beef Meal, therefore, cannot be over-estimated; they are based on its analisis and properties, and may be condensed as follows:

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation, and

the other half easily digestible by the gastric and pancreatic juices. Therefore the entire preparation, being practically dry, is composed of nutritive matter, containing about 40 per cent. of soluble peptone and albumose.

It represents, in actual nutritive value, at least six times its weight of good lean beef.

It is perfectly palatable, and will be tolerated with ease by the most delicate stomach.

It admits of being admininistered in a variety of forms, thus avoiding monotony in the food.

It is the most nutritious as well as the most economical concentrated food.

It must be understood that Mosquera's Beef Meal is not a ready prepared dish, but rather a raw product. It is nothing more than a concentrated beef, converted by artificial digestion into a form which renders it assimilable upon mere contact with the mucous membranes of alimentary canal. It, therefore, must be treated by the nurse or cook with the same regard to flavor and taste they would exhibit in the preparation of beef steak. Ordinary beef, if simply boiled in water, would neither yield a palatable buillon nor be eaten itself; salt or other condiments must be added to it. So also, in the use of this beef meal, ingenuity has necessarily to be exercised in its preparation. No matter how palatable or nutritious a food may be, unless presented in a variety of forms it will inevitably become monotonous and even repulsive, this being especially true with patients whose digestive organs are in a weak and debilitated condition. If, therefore, a patient is to take the beaf meal for a length of time, it must be administered in a variety of forms to insure the benefit of all its nutritious value.

It may be given in different soups, condimented to suit the taste of the patient, as also mixed with buscuit powder or oatmeal porridge and milk and sugar. Again, it may be mixed with chocolate, which makes a delicious beverage, or given in the form of a sandwich, and finally as a plain beef tea, simply dissolving it in hot water, adding salt.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar and a superior article of Dutch cacao. It does not require

cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of beef disguised that it cannot be detected. Requiring therefore no previous preparation it is most conveniently administered.

To physicians interested a pamphlet fully descriptive of the special advantages, uses and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test them in practice.—*Exchange.*

Notes Upon Somnal, the New Hypnotic.—The following notes upon Somnal, by Frank Woodbury, A. M., M. D., Fellow of the College of Physicians of Philadelphia; Hon. Professor of Clinical Medicine in the Medico-Chirurgical College, are taken from a reprint of *The Dietetic Gazette*, July number:

"Last fall Radlauer, of Berlin, brought to the notice of the medical profession a new compound to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties which it appeared to possess. It was formed by the union of chloral, alcohol, and urethane, according to the original notice, but is not a simple mixture of these bodies. It differs from chloral-urethane by the addition of C_2H_4, its formula being $C_7H_{12}Cl_3O_2N$. The method of manufacture is by direct combination of chloral alcoholate and urethane in a vacuum apparatus, according to its discoverer, who states that its composition might be graphically represented thus:

$$\begin{array}{l} \qquad\qquad\quad OC_2H_5 \\ CCl_3—C—H \\ \qquad\qquad\quad NHCOOC_2H_5. \end{array}$$

Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will here very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

Physical Characters.—Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold

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MILK OF MAGNESIA.

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water, in which it forms globules and refuses to mix or dissolve. When shaken with water, the mixture is milky but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether, or re-christallized chloral. The taste is very pungent ; and for administration it needs free dilution. It may be given with whiskey or solution of tincture of zingiber or syrup of licorice. Somnal is inflamable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly.

Physiological Effects.—In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller as in natural repose. No disagreeable after-effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No consti-

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It is partially prepared for assimilation, and, therefore, makes less demand upon the digestive powers of the gastric juice.

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- Ext. Apii. Grav. Dulc. (Celery) aa grain j.
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DOSE.—One or two heaping Teaspoonfuls in a half tumbler of water.
Put up in 4 oz. and 8 oz. Bottles.

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pating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Earnest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

"I have given Somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bare possibility of the patients' falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tinct. zingiberis in half-teaspoonful doses, and was found palatable.

"Administered at 4 p. m., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from four to eight hours; the two other cases showed no effect from the drug. It is their habit to get at least gr. ¼ of morphine sulph. to put them to sleep every night, as they are sufferers from intractable malignant growth.

"In no case was there any noticeable after-effect.

"I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient.

"To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia."

Therapeutic Application.—The effects of Somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was in a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was thirty-nine years of age, very tremulous, and could not sleep, or if he dozed off, would immediately wake up. I gave him, about 3 p. m., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal and whiskey), well diluted, and went into an adjoining room to speak to an attendent. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He slept for four hours, and then was able to take something to eat. At ten o'clock he kad another dose and he slept until seven the next morning, having waked up once only during the night and insisted upon having another dose, and immediately after taking it he fell asleep again. The next

night he was given a double dose at 10 p. m., and he slept all night without waking. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had had good natural sleep at night and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (P. D. & Co.) in tablespoolful doses; in which it is true there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism as a tranquilizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterwards secured by potassium bromide and iodide, and antipyrine.

In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial.

Without further going into detail it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.

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THARAPEUTICS—This pill is especially applicable in Atonic Dyspepsia, depression, and in exhaustion from overwork, or fatigue of the mind. Phosphorus and Nux Vomica are Sexual Stimulants, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

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THERAPEUTICS—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

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Book Notices.

POST-MORTEMS. WHAT TO LOOK FOR AND HOW TO MAKE THEM. By A. H. Newth, London. Edited with numerous notes and additions by E. W. Owen, M. D., formerly Demonstrator of Anatomy, Detroit College of Medicine. Cloth, 12mo; postpaid, $1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This book is replete with information that every person interested in necroscopy should have at easy command. It has not been designed to take the place of large works upon pathology, by its authors, but to present, in a tabulated way, with quick side-head reference, all the important conditions of an organ met with post-mortemly, either in health or disease. To the country physician, who makes autopsies infrequently, it is especially valuable; also to the medical student who is occasionally in the "dead house" of the hospital. It is the only brief work of the kind now at command. The American editor has made a great many examinations for Court uses, and he has added numerous important notes to the text of the English author. Besides the ordinary conditions met with after death, there are chapters devoted to the post-mortem appearances seen in those poisoned, drowned, hanged or cases of infanticide. It will thus be of great use in these classes of "suspected deaths." Full directions are also given for exposing the organs advantageously for their complete examination. The book will be send post-paid upon receipt of price by its publishers.

Publisher's Notes.

John B. Johnson, M. D., Professor of the Principles and Practice of Medicine, St. Louis Medical College, writes as follows:

"ST. LOUIS, June 20, 1888.

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A. W. MacFarlane, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Surgical Society of London; Examiner in Medical Jurisprudence in the University of Glasgow; Honorary consulting Phys. (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc., etc., in his monograph, "Insomnia and its Therapeutics," says: "Bromidia (Battle) has in several instauces been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."
—*Wood's Med. and Surg. Monographs, Sept. 1890.*

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CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

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For Daniel's Texas Medical Journal.

FIVE RESECTIONS ON THE ALIMENATRY CANAL.

BY B. E. HADRA, M. D., GALVESTON.

AMONGST a larger number of intestinal operations, which I lately performed, there were five cases of resections. They form the subject of the following report:

CASE I.—GANGRENE OF BOWEL—RESECTION.

A robust farmer, some thirty years of age, living at Alvin, was suddenly seized with an incarceration of an old reducible hernia on the right side. It was reduced by taxis by a Houston surgeon, but unfortunately "en masse," as the further progress of the case showed. Three days afterward Dr. H. A. West and myself went to see patient, and with the assistance of Dr. Fields,

he was operated on, as obstruction of bowel persisted and all the signs of sepsis were present. The scrotum was mortified, black and pulpy, and inflammatory reddening with œdematous infiltration extended over the right abdominal half. The case, of course, looked so hopeless that only his wish to be operated on, and his good pulse and good spirits prevailed on us to proceed.

After the usual preparations, an oblique incision over the external inguinal ring, extending about three inches in either direction, was made, and a totally grangrenous loop of small intestine was exposed. The black necrotic piece was of about 5 ″ length and the demarkation lines well defined. It was removed with its mesentery by the usual triangular exsection, the cut ends closed with two rows of stitches (one after Czerny, the other Lembert's), and lateral anastomosis established. Next the perfectly necrotized testicle, with its covers, the hernial sac, the cord, etc., was removed, also the grangrenous, slate-colored peritoneal and fascial lining of the abdominal parietes to such an extent as seemed prudent. The wound was left open for drainage, as the extent of gangrene in the latest named tissues forbade their total removal. Duration of operation about one hour. Patient rallied well from it, but slowly became comatous, and died under symptoms of sepsis six hours after operation.

CASE II.—PISTOL WOUNDS OF ILIUM.

A colored boy, of about nineteen years, was brought to the John Sealy hospital, at 11 o'clock p. m., on the 24th of February, 1890. He was shot, shortly before, right below right margin of ribs, with a six-shooter (calibre 38). He was operated on next morning at 9 o'clock; temperature having become feverish. The wound was incised downward for four to five inches, and a loop of small intestine with five holes brought easily to light. There was already a fully established peritonitis present. A large amount of bloody serum, mixed with fecal matter, poured out, and the gut was covered with fibrinous flakes. Four of the holes were near together and so arranged as to involve about half of the circumference of the gut, whilst the fifth opening was about two inches distant. It was considered safer to exsect the whole injured piece, than to sew each hole, as most likely a stricture

would have resulted from the latter method. Usual triangular resection through gut and mesentery and circular union of cut-ends by two rows of suture (one Czerny, one Lembert) was made. Abdominal cavity washed out and two large drainage tubes inserted, around which the abdominal incision was closed. Fever increased steadily, a soporose condition set in a few hours after operation, from which he had rallied nicely. He died at 8 o'clock in the evening.

Post-mortem examination showed a general peritonitis, though the line of suture held very well. Bullet could not be found, but there was bruising of posterior wall of abdomen at a spot to the right of vertebral column. Very likely the bullet had lodged in the depth of the lumbar muscles.

CASE III.—ULCERATION AND PERFORATION OF ILLIUM.

Mrs. S., a Hebrew lady, 53 years of age, consulted me for prolapse of womb. She complained of dragging pains in pelvis, leucorrhea, poor digestion, thought she had a little fever in the evening, bowels constipated but otherwise giving no trouble. She felt very much prostrated and hardly able to attend to her household duties. Examination revealed a very excessive prolapse, with excoriations of vagina and crevix. In the left side of pelvis, in a region usually called ovarian, there could be felt a nodulated tumor of the apparent size of a small fist. It was tender on pressure, seemed to be little moveable and was not in connection with womb. Could be felt and distinctly outlined by bimanual manipulation. It was clearly not uterine, as the uterus could be dragged out without changing the tumor's situation, also its connection with the bowels was improbable, neither the previous history nor the symptoms giving any evidence of it: thus it was considered to be most likely ovarian, either a sarconia or a fibroma, or a dermoid cyst. Still the diagnosis was considered dubious because of the absence of grave suffering and of hydropic signs. Besides, if it were ovarian, it would have been bound to follow the prolapsing womb to some extent, which it did not do. Dr. A. Fly concurred in my opinion.

Operation on the 25th of July, 1890, Drs. Dock, Fly, Hadra, jr., and Sykes assisting. After the usual incision in middle line

and the insertion of hand into cavity, fetid pus escaped at once. An abscess cavity was found constituted by the walls of two contiguous loops of bowel and their mesentery. The inside of the abscess cavity was of black color, ragged surface and communicated with the gut by an opening admitting the tip of a finger. Around this perforation the gut was thickened, reddish and soft, resembling medullary carcinoma. The question now arose whether the hole should be sewn up only, or whether the gut should be stitched into the parietal incision (establishment of an artificial anus), or whether the diseased portion removed. We decided to do the last named operation, as otherwise diseased parts would have been left behind, which would, no doubt, have led to similar trouble in the near future. Besides, it could not be made out on the spot whether the new formation was malignant or not. A triangular resection of a piece of small intestine of about five inches in length with its mesentery, was made, and the cut ends brought together by a double row of sutures. Adhesions between neighboring folds of intestine were not interfered with. Drainage, etc. Operation lasted over an hour. Patient rallied well, but further progress was not so satisfactory. Persistent nausea, high septic fever, no rest except by morphine, and all the annoyances of slow peritonitis followed. On examination per vaginum a bogginess in left parametrium was detected, and two weeks after operation reopening of the not yet perfectly closed wound (track of drainage tube) and washing out of cavity was decided on. Of course, an accumulation of inflammatory material in the depths of pelvis was expected.

When we arrived at the house we were informed that shortly before a large quantity of pus had passed by the rectum. Perforation had no doubt occurred, still, although most likely the fullness felt by me, had something to do with this new abscess, reopening was considered proper, and was done. Douglas' pouch was then well washed out, but the left parametrium, where indeed an intestinal loop was found adherent to pelvis, and which, no doubt contained the perforation also, was left alone, trusting to the drainage per rectum, and fearing new injuries to the diseased gut deep down in the pelvis, which may have necessitated a new resection. Next day a large swelling, or rather a tumor,

made its appearance right over the bend of the ascending colon; it was taken for adherent omentum, treated with warm application and disappeared after some time.

Patient, after all this, had a very hard time for several weeks, a constant retching and nausea and a most peculiar burning in æsophagus and stomach. The discharge by the rectum ceased in a few days. Patient made a slow but perfect recovery, and could be pronounced well about ten weeks after first operation. The prolapse of uterus also improved somewhat, most likely from new adhesions caused by pelvic peritonitis.

Dr. G. Dock's examination of excised part gave the following results: Excised piece about five inches in length, most probable from middle of ilium. The interual wall is thickened and injected, the serosa roughened. Mesentery ¼ to ½ inch thick and shows intense and extensive infiltration of small cells between and beneath the tubules and in the submocosa. This is most marked near the opening where there is extensive hemorrhage beneath the mucosa. Sections of the mesentery show a great subserous hemorrhage and small celled infiltration. The ulcerated part shows a thin necrotic layer. In other words: There is hemorrhage and purulent inflammation of the intestine, the condition of the mesentery corresponding. It is highly probable the latter condition is the result of a sloughing gland, but the relation of one to the other is not clear. Most frequently in such cases the lymph gland is primarily affected (tuberculosis usaally) and perforated the gut. There is here, however, no trace of tuberculosis. Circumscribed inflammation does occur in the bowels, and this may be such a case, but the exciting cause cannot be discerned in the tissues. Unfortunately the pus which escaped at the operation, was not examined microscopically; to the naked eye it presented nothing peculiar.

The pus which was passed per rectum at a later period showed no organism except small bacteria and cocci.

CASE IV.—PYLORECTOMY FOR CANCER.

Mrs. S., a German farmer's wife, 24 years old, of good family history, had suffered for two years from gastralgia, vomiting, occasionally of blood, emaciation, etc. She was treated for several

affections of stomach. In December, 1889, a tumor was detected in abdomen and taken for a movable kidney. Symptoms grew worse and worse, especially when pregnancy set in again. Four weeks after a normal delivery at term she was examined by me, and a distinct tumor of the size of a hen's egg easily mapped out to the right of the middle line, about five inches below margin of ribs. It was nodulated, painful on pressure, and movable in every direction to a distance of one to two inches. Patient did not retain anything, threw up every meal and was extremely emaciated. Strange to say, she nursed her babe, at least, she attempted to do so, assisted by the bottle.

Operation was proposed and accepted as the only chance, the diagnosis being plain enough. She was fed by rectal injections and taken to John Sealy hospital three days before operation, which, after due preparation, washing of stomach, bathing, etc., was performed on the 28th of October, 1890.

Chloroforms-narcosis, median incision. The rules worked out by Billroth were strictly followed. The incision, after detaching the omental connections, was started on the small curvature, where the new growth extended over half of the extremely small stomach; it was then carried obliquely toward the pylorus to a point where the future pyloric outlet would likely have to be created. This wound was first stitched up, before progressing, in order to avoid too great a loss of blood. Three rows of suture were used; one through the mucous membrane, one after Czerny, one after Lembert. The further excisions were made vertically through the remaining portion of stomach and duodenum, and as the circumferences of the two openings fitted well together, they were united by a row of sutures, through the mucous membranes, as much as it was feasible, and then again from the outside by a Czerny and a Lembert row, which latter had to gap posteriorly, owing to the absence of peritoneum there. The omental wounds were oozing somewhat, and I thought best to leave an iodoformed gauze-strip, folded upon itself, in the two pockets, formed above and below the new pylonic portion, and also surrounding this latter in front. The other end of it was carried through the abdominal incision, which then was closed up around it. (This wick was left in for five days when it was

removed with ease.) Nothing of importance occurred in the next few days. A little nausea occasionally, and only a few times temperature over 100. On the fourth day milk was taken by the mouth. The only trouble was given by the track of the gauze, which closed up very slowly.

Patient gained steadily, had no pain whatever, but still now there is an occasional vomiting whenever she is imprudent in her diet. The stomach can hardly be larger than a big fist, unless it has again become distended, and when overladen vomiting is but natural. Her bowels were not acting regularly in the beginning but do so now.

Dr. Dock's pathological report: *Cancer of stomach.* The diseased part extends from just within the pylonic ring to a distance of 3½ inches toward the cardia. It is most extensive on the lesser curvature, though the degeneration surrounds the pylonic end of the stomach entirely. The mucous membrane is thickened and thrown into folds and of a bright pink color. Running along the lesser curvature is an ulcer a little more than an inch long and half an inch wide. The floor is hollowed out and slightly includes the muscularis; its walls are dense and thick, sections showing that most of the thickness is due to infiltrated submucosa, There are a few smaller ulcers, the largest of which is half an inch in diameter and extends to the muscularis. A section through the lesser curvature shows the muscularis to be hypertrophied, being about ¼ inch thick, the bundles showing plainly. At a point about two inches from the pylorus, in the lesser curvature, there is an infiltration of the subserosa. Microscopic examination shows the growth to be a medullary carcinoma. The best studies can be made through nodules not yet ulcerated. These show an excessive proliferation of the epithelium of the tubules, in which glandular structure is lost. These areas are bordered by dense small-celled infiltration from the surrounding mucous membrane. Below in some places the muscularis mucosæ can be seen perforated at intervals by strands of epithelial cells. In some places all traces of the muscularis mucosæ are gone, or a few bundles of muscular fibres can be seen lying irregularly among the cells of the new growth which penetrate into the submucosa. In such places the submucosa is transformed

into a dense granulation tissue, in which glandular cell nests can only rarely be found. In some parts large masses of small epithelial cells can be seen between the bundles of the muscularis. In the part of the lesser curvature, mentioned before, a large collection of epithelial cells between muscularis and serosa, which can be traced into the lymph vessels. The epithelial elements show atrophy, fatty degeneration, and at times two or three can be seen together, which seem to be colloid. The lymphatic glands in the lesser omentum are slightly swollen, but show no signs of cancer, except one, in which however it cannot be stated with certainty, a few epitheloid cells in a sinus having a suspicious grouping.

I may add that this case is, as much as I can judge from the literature on hand, the youngest operated on for intestinal cancer. Patient was twenty-four years old and had for fully two years clear symptoms of the trouble. Whether she is permanently cured or not, I am, of course, unable to say.

CASE V.—RESECTION OF APPENDIX VERMIFORMIS FOR CHRONIC RELAPSING SO-CALLED PERITYPHLITIS.

This case is reported in the *N. Y. Record* of March 8, 1890, and I will, therefore, be short. The patient, a man of some 40 years, suffered from frequent attacks of perityphlitis to such a degree as to render his life miserable. He was operated on in a free interval, or rather right after an attack.

The appendix was found somewhat thicker than normal, and was turned forward so as to lay in front and across the cœcum. The appendix was removed and nothing found but a thickening of the walls and a catarrhal irritation of the mucous membrane. I am of the opinion that the abnormal position of the appendix, congenital or acquired, caused the trouble. Evidently every time that the cœcum became extraordinarily filled, it had to lift the appendix up and thus had to pull on the latter's mesentery. Thus the constipation and cœcal accumulation seems to me to have been the primary trouble and the appendicitis, or whatever it was, the consequence of it. The patient is, since the operation (over one year), relieved of his suffering, though constipa-

tion is still a frequent complaint. This case is the fourth reported resection of the appendix for a chronic complaint and performed in a free interval.

For Daniel's Texas Medical Journal.

A DISCUSSION ON ABORTION, IN THE CHICAGO MEDICO-LEGAL SOCIETY.

[The discussion refers to an anonymous article on abortion which appeared in the N. Y. Medico-Legal Journal, and which article rather excused abortions and abortionists.—ED.]

JUDGE O. M. HORTON:—My attention was called by your president to the article to which reference has been made, and last night I read it. I have no prepared address, but as I read the article I jotted along the margin some points that occurred to me. The reader of the paper, and also your president, expressed the opinion that this article was written by a lawyer. I should want to call for the evidence on that question; I see nothing to indicate that it is a lawyer any more than a physician who wrote it, and I propose to defend the legal profession until you bring better evidence than the suspicion of those members of the medical profession who seemingly want to get rid of a gentleman who would write such an article. After several pages he commences with a sub-heading which he calls the argument, and his first expression is that abortion is nowhere forbidden in the Bible. The word abortion, I fancy, does not occur in the Bible, and if the writer must depend upon a word that exactly tallies with the word he has seen fit to select as the topic of his article, then the Bible does not prohibit it. But among the very first utterances we read, "Be fruitful and multiply and replenish the earth." I apprehend that there is something in that that means we shall not destroy human life; I fancy that it needs no argument to tell us that it is a prohibition of the destruction of human life. You gentlemen of the medical profession can determine where human life begins better than I can. Again, we find, "Thou shalt not kill," If it be crime to kill a child an

hour after birth what is it to kill it an hour before? If wrong to kill immediately after, is it not wrong to kill immediately before? And if wrong to kill immediately, then how long before birth does it cease to be wrong and become right? Now you have charged this anonymous article upon the legal profession. Not very long since a gentleman of your profession, Mr. President, under oath in a court of justice, when the court propounded to him the question as to whether the defendant knew the difference between right and wrong, answered that that old theory was exploded, that there was no such thing as a difference between right and wrong. I do not have to draw upon my imagination to tell what profession that gentleman belongs to.

You must pardon me for being a little rambling, but I have nothing but check marks on the margin of this article. He says here, in substance, that all English-speaking peoples, from a time so far back that the memory of man runneth not to the contrary, have regarded this as a crime and legislated against it. Now I submit to you that in almost, if not in every topic that you ever consider, the consensus of civilized humanity is a pretty safe thing to rely upon. I am not a woman's rights man, Mr. Chairman, in the ordinary sense of that term, but I protest against any anonymous writer charging home upon that sex, that stands beyond where you and I will ever attain in social relations, in delicacy of feeling, in refinement of thought—in these words, that "it is almost the universal sentiment of womankind that abortion is proper." I must believe, sir, that it is a libel upon the sex. Upon a topic of this kind I do not know just how to consider some of the authorities the writer refers to. I remember reading somewhere a very elaborate article with well considered, finely rounded sentences, on "How to rear children," and when carefully examined, it seemed to have come from the mind of an experienced woman, but further investigation demonstrated that it was written by an ancient maiden lady. Now what she knew about rearing children is more than I can tell. I remember that not a thousand miles from this city there was a meeting called, a religious meeting, a mother's meeting, and it was held by seven worthy, excellent, virtuous, pure minded women, four of whom were childless wives, and three old maids. I imagine,

sir, as Gail Hamilton is quoted as authority upon this subject of abortion that it is not a very reliable authority, although she is a most charming and instructive writer. Twice does the writer repeat this, to my mind, slander upon womankind, in stating that it is the universal sentiment of woman that there should be no laws against abortion. He asks us, "Why not have the courage to meet the issue fairly and abolish all our laws on the subject, as did the laws of Moses, and leave the question to the moral sense and training of our women?" If it is morally wrong, why should it not be legally wrong? If it is morally a crime—if I may use that expression—why should not the law pronounce it a crime? Is this apologist prepared to say that abortion is morally right? I fancy not. The topic, as has been indicated, is divided, so that the second general branch is abortion in a criminal aspect for the unmarried. This may be the sentence from which you infer that he is a lawyer. He says, "Is there a lawyer with human blood in his veins who would condemn the fair young daughter of his best friend for the salvation of her honor *by this means?* I say, yes sir! There is one, and I defy you sir, to go into the legal profession and find the lawyer, who stands high in his profession, that will not say, here's another. And I believe, you may, with the same confidence, say, that you defy any one to go into your profession and find any man—who from the moral standpoint he occupies will not produce abortion—who will not say here is a doctor who believes the same. But he comes to the doctors, also. "Is there a physician," he says, "who has ever been a father, whose heart would be against such a woman's act to save herself from degradation, despair, death?" This argument is based upon the idea that there is no other way to avoid the social ostracism. If there is no other way, then meet it as becomes an honest individual. There are, perhaps, other ways besides publishing it, but he confines himself to that.

If it is morally wrong, then society is wrong when it socially ostracises the unfortunate. If it should not be declared to be legally wrong, if it is not morally wrong, then society is wrong when it condemns the person. I am not competent, Mr. President, to say much about Malhus, he is out of my line.

It seems to me that the whole air of this article, the spirit run-

ning through it, is that of a sort of infidel free-lovism; I hardly know how to define it. It is possible that there is something of that in the man's mind, and that he has not the boldness to stand out, as he asks others to stand, and say what he himself believes —in indiscriminate free love. Is that what he means; is that why he has written such an article? That article is an excellent one in favor of the old free love system of those sisters in New York—Tennessee Claflin and her sister. This article would be excellent in support of their theories; if their theories are wrong, this article is wrong. Possibly he is one of their converts, a sort of a decayed old doctor who has nothing else to do but prepare such articles, and he has not got the teachings of Tennessee and her sister out his veins yet. Possibly—I will not assert it—but possibly he is a sort of living advertisement for the vendors of abortion appliances. I do not know but they could well afford to pay him, it is a good article for them, and if his theory is adopted, their trade must be very largely advanced. You, sir, or any who send their daughters to public or to private schools, where catalogues of the names of students are published, will receive from time to time the vilest advertisements of the wares such men employ in their nefarious traffic. Is that one of the things we want to uphold? I think not. When the time comes that any community will justify the pollution of the morals of young women by throwing into their hands that vile advertising trash, that will be the knell of the republic, for no people that would thus willingly corrupt the morals of their young ladies are ever capable of self-government, nor can they maintain it long.

I have come to the last of my check marks on the margin of this thing; I tried to read it a second time, but I thought I had enough in reading it the first time to make a fair sort of talk upon it, and I submit that in my judgment it is the duty of this society, it is the duty of the medical profession to allow their voices to be heard, to be outspoken, fair, honest, manly in denunciation of that kind of teaching. And that a journal, purporting to be a medico-legal journal, ought never to publich such an article, let it emanate from whatever source it may.

Dr. Sarah Hackett Stevenson:—Mr. President, I feel en-

tirely unprepared to discuss the subject. The article in question is an entirely new one to me, as I never heard of it before coming to this room. That an article of that nature should be found in a journal which has any influence or standing in the medical or legal profession, is, I think, its great danger. If it had been published elsewhere, it seems to me, it would be dignified on our part to pass it by without comment, but as it is found in such a journal, it certainly merits our rebuke. It was not necessary, Mr. President, for me to go to a medical college to learn that the destruction of life is murder and that murder is a crime. I learned that with my early education, and what has guided me is not the law of the land but an enlightened conscience, an educated conscience, and I feel very deeply that the man or woman who does not enter the medical profession with such a conscience. had better seek some other employment, it is not the place for him or her. I was very glad, indeed, that Judge Horton came to the resoue of my sex—that the enlightened women of this country are not in sympathy with the spirit of that article. As a physician my experience has been that the women who have asked for such a service, have done it through ignorance. It is very generally believed that previous to what is known as "quickening," there is no life, that that is the beginning, and any relief which may come before that period, is not a crime. I hold it to be one of the most sacred duties I have to perform to instruct my patients that life begins with the beginning of conception, and I find them in that regard very teachable and thankful. I have never yet found an intelligent woman, or even an ignorant woman, who was not glad to know that she had been saved from committing a crime. The idea of committing a murder had never occurred to her. I think the most of women who sin in this direction, sin through ignorance. I am sorry to say, our profession is largely at fault, because we have had all this moral and physiological teaching in our hands, and we have allowed women to grow up in our midst to marry and become the murderers of children, in ignorance of the real facts. The spirit of this article upholding infanticide, is a return to barbarism, which scientific medicine cannot for a moment tolerate.

For Daniel's Texas Medical Journal.

ABSTRACT OF CLOSING REMARKS IN HIS ADDRESS BEFORE THE ASSOCIATION.

BY V. A. HOWETH, M. D.,
Retiring President of the North Texas Medical Society.

I HAVE already, for this occasion, said enough, but, with your permission and indulgence, I will embrace the opportunity to present a few matters I hope of interest and practical importance deserving the especial attention of medical men, and to a greater or less extent the public also.

Upon the occasion of our last meeting in your city, we were honored with a masterly and scholarly address by one of Texas' ablest citizens, honored statesman, and, above all, an honest man, the Honorable T. J. Brown, of your city.

His discourse was a most forcible and pointed contrast or parallelism between the legal and medical professions. The speaker did us the compliment to argue and maintain that the two professions were fully equal in point of usefulness and high and honorable standing, and proceeded to explain the simple but rigid and inflexible rules, or system of ethics, whereby the legal profession was enabled, by its own inherent regulating power, to protect itself, and the public, in the main, from legal frauds and disreputable pretenders or shysters, while the very reverse was true concerning the medical profession; even the most illiterate and unworthy, by public acquiescence and sanction, being allowed to roam the country at will and ply their infamous arts and deceptions of the most unblushing, vile and degrading quackery, this being permitted by law and sanctioned by an unwitting or perverted public sentiment.

The honorable speaker seriously grappled with the subject, and gave us the benefit of his advice, and encouraged us to hope for better things.

It is a deplorable fact that the medical profession, alone and unaided, is unequal to the work of reform in this matter, and it seems that under no stress of circumstances, for the purity of the

profession and the protection of the people, can we successfully call to our aid the united moral support of the people, nor a legislative helping hand. And notwithstanding all our struggles and efforts to successfully maintain the banner of pure scientific medicine and transmit it untarnished to those who must follow us, the medical profession itself stands indicted by the world, for the silly quackery and death dealing charlatanry practiced in its name.

The time was when the title, doctor, carried with it the idea of some degree of learning, respectability, decency and dignity. In fact, the title was one of honor, and universally so acknowledged. But now any ruffian is called doctor who masquerades our streets with long dishevelled hair and outlandish garb, and amid ravings, vulgarity and humorous or indecent songs plies his villainous business of speculating upon the ignorance and gullibility of the people. Yes, he is titled doctor, reinforced by the adjectives, distinguished, celebrated, renowned, etc.

What a travesty upon respectability, common decency, an honorable profession and its honored men of refinement, culture, and scientific attainments.

What disgrace, shame and degradation such contrast brings to view. This infamy is so plain that the public must be able to see it, even at a glance, and may we not hope that the public will, more and more, come to our assistance in maintaining and fostering a pure and honest system of medicine, that will be an honor and a blessing to our children and to future generations.

The libel law of Texas is such that neither the people, the medical journals nor the general press dare attempt to expose even the most notorious, villainous charlatanry. If they do, a heavy risk is incurred. The law should be corrected so as to promote the ends of justice, rather than defeat them.

Another thing worthy our serious consideration as medical men. As far as my knowledge extends, it seems a fact that our profession is unjustly discriminated against in all matters of public service of whatsoever character. For instance, every well regulated city has its government, and it must have a city attorney and a city physician. And when we come to examine the pay-roll, we find that, as a rule, the attorney receives a sal-

ary at least two to five times greater than the physician, although the duties of the latter are usually equally responsible and more arduous and burdensome to perform. The two professions are admitted alike honorable, useful and indispensable. Then why this distinction without a difference?

Then again, counties must have their county physicians. The commissioners generally advertise for bids for this responsible position, which is practically putting it up at auction, and it usually goes to the lowest bidder. The only difference between this and buying a brute at auction is that the brute always goes to the highest bidder. I have known physicians, in the scramble for this service, to bid a sum per annum wholly insufficient to supply an average line of necessary medicine. It is a crowning shame, a libel upon our civilization, discreditable to our profession, and criminally unjust to the poor and unfortunate who are interested to the full extent of their health and lives, like other human beings.

When we ascend the scale, and get up into higher government circles, where men must be selected to fill responsible positions in appropriate state departments, we find that it is not always the fitness of the man for the place that governs the appointment, but rather the amount and character of political influence brought to bear. These positions should never be subject to, or controlled by the political influences to the extent they are. Incompetent and unworthy men, who may happen to know the moves on the political checker board, stand as good, if not a better, show for appointment than the most worthy and well qualified. Justice and humanity demand that the appointing power should rise above political corruption in these matters, which are truly of great moment, and should be sacredly so regarded.

Furthermore, the state inflicts gross injustice upon physicians by compelling them to serve as experts before the courts in State cases, without compensation, oftentimes forcing them to a distance for an indefinite time, at possibly a heavy personal expense, besides a total loss of time and suspension of business. This imposition is shameful in the extreme. Then again, if in the affairs of the State any exigency arises requiring medical skill and attention, the State usually turns a deaf ear to even

modest and reasonable demands for compensation, for whatever service in its behalf. For a most shameful instance of such cruel injustice, read Dr. Johnston's experience, as given in the last number (November, 1890) of DANIEL'S TEXAS MEDICAL JOURNAL. The editor, in commenting upon it, truthfully says, "The highwayman has as much right to despoil the traveler of his personal effects at the muzzle of the six-shooter" as the State has to force physicians to perform important and responsible duties in its behalf without a just and equitable remuneration therefor. It seems that of all trades, callings and professions, medicine alone has no redress at law. Surely there should be a remedy provided for this lamentable state of affairs." Like others of the State's citizens, we are tax-payers, and do everything in our power for the substantial support and welfare of the government. We bear our part in sustaining its institutions and burdens, and are ever ready to give counsel freely in relation to all matters or measures appertaining to public health, sanitation, etc.

I do not charge or regard this as a matter of invidiousness or discrimination against our profession, but rather from the lack of a proper concern or conception of legitimate legislative needs in establishing relations between the government and the medical profession. It is a fact that the legislative powers of the State, from time to time, upon all matters medical, have exhibited the least degree of concern and the greatest amount of folly and stupidity. This is probably owing to the fact that so few physicians, who better understand these needs, take an active part, directly or indirectly, in shaping legislation, this being done principally by those from other business pursuits or callings, notably our friends of the legal profession, who are amply fortified and protected against impositions from whatever source, from the justice's precinct court up to the highest tribunal in the land. There is no such thing as forcing them to do gratuitous work for the State or the public. I do not offer this as a criticism, but to justify and commend their discreetness and sagacity. Their gratuitous labors, like their charitable deeds, are voluntarily bestowed, being neither required nor forced by law, circumstance nor condition. But with us the diversified demands of

humanity are inexorable, and whatever burden is presented, we must bear. There is no escape. Under all these circumstances is it not a cruel wrong, a crowning injustice for the State also to lay its oppressive hand so heavily upon us by exacting our time, knowledge and skill without compensation?

Another gigantic imposition and injustice also demands consideration at our hands. As has already been said, there is no profession more noble and philanthropic than the medical. There is none from which greater, or even equal demands for kindly and gratuitous service is required or rendered. Independently of legitimate charities and gratuities, it seems to be a part of the machinery of the universe that the physician, every day of his professional life, shall render some service, at whatever cost of time or talent, without the hope of fee or reward, and regardless even of thanks or of gratitude. In this matter, our profession is called upon to exercise a greater degree of magnanimity and forbearance than is required of all other professions or callings combined. The more we concede, the more it seems is required. The yoke sometimes gets heavy and burdensome, and we become footsore and weary, and forget that there may still be virtue in forbearance, or that out of evil good may come. In thus considering the question, it seems wholly contrary to the natural order of things, when a great corporate money power, as combined in railway systems, should not only ask, but positively demand that the medical profession shall also serve their interests upon a scale of enforced benevolence (which they call business) unequalled in the experience of the profession. Orphan homes and the direst poverty could hardly presume to ask more. Insiduously has concession after concession been demanded of us, and granted, until the iron heel of railway corporations is firmly planted across our necks, professionally speaking. We have surrendered to them at their own bidding, and upon their own terms. The local physician and surgeon, without discretion, has to accept whatever is offered, and the physician and surgeon not in the so-called employ can scarcely, uhder any stress of circumstances, obtain even a pittance in way of remuneration for occasional emergent humane service to meet extreme exigencies. Dr. R. M. Swearingen, in a paper somewhat upon this subject,

read before the Austin District Medical Society in 1888, and published in DANIEL'S TEXAS MEDICAL JOURNAL, says, "The old-fashioned scales of equity and justice, used in the ox-cart days, for balancing rights and wrongs, are thrown aside, and the voice of humanity and reason seems lost in the rattle of wheels and the screams of engines, . . . and that when acting in the body corporate, these railway combines attend strictly to financial affairs and look at all things purely from a standpoint of profit and loss," regardless of the just and moral obligations which inevitably exist between man and man. They attend to business with a degree of exclusiveness that turns the brain into a ledger and the heart into stone.

The medical departments of railway systems are indispensable. Humanity demands them, and their responsibility is great. Yet it is the poorest paid of all the departments; and for which we are possibly largely to blame oursilves, because of our humble, quiet submission to a selfish dictation in the matter. The law and business departments of these systems are also indispensable, and involve responsible duties, but they are respectably and even generously supported and paid, which is right and proper. And why should our profession be so ungraciously abased by the mercenary will or dictum of any power that our performance of important and responsible duties is reduced to a mere matter of empty servility?

Although fully conversant with all the pros and cons of the subject, by reason of several years experience in the service, I have never yet heard a reasonable or tenable excuse or apology for this discrimination against the medical profession, reducing, as it does, our services to about a common level with unskilled day labor.

Railway corporations, with all their cunning, are not catalogued or classed as pauper institutions, nor do they successfully pose in the role of organizations in need of charitable or eleemosynary consideration, for besides legitimate earnings and oppressive extortions upon the transportation and commerce of the country, most of them, at least, have been largely enriched by munificent donations of public domain, and unrestrained have laid their hands heavily upon almost every city, town and vil-

lage, levying and exacting the most unjust and burdensome tribute, in way of prodigious money subsidies, thereby touching the pockets of almost every citizen; and still unsatisfied and insatiable, every advantage and opportunity is utilized of exacting the maximum amount of service for the minimum pay in return, oftentimes grinding and reducing the wage-worker to the most unmerciful and dire straits of poverty.

Dr. Swearingen, whom we have previously quoted, says that out of this principle has largely sprung that "unnamed element of discord between poverty and wealth, between labor and capital," and out of which has emerged the grim monster of modern anarchy and communism, at least it is one of the great factors producing such demoralization.

The doctor also says that "redress, single-handed, being impossible, the strategy of war suggested the combination of forces," and therefore the laboring classes were driven into organized labor unions and brotherhoods for reciprocal safety and mutual protection. The principle seemed to be, that labor was forced to combine in proportion to the combination of capital in these and kindred giant corporations. For money, with all the conveniences and good that adheres to it, as a power of oppression, when so used, is the most heartless and soulless.

The doctor, who is himself a statesman, concludes that "the subject is one worthy the profoundest thought of every patriotic citizen." His words are full of truth and wisdom, for railway managements seem interested more in watered stocks, financial problems, etc., than in orthodoxical questions of ethics or humanity.

Of course we have nothing directly to do with this phase of the subject, but it fairly illustrates the lilliputian spirit or principle in which is grounded their unjust and iniquitous demands upon the medical profession. Unhappily for us, ours has proven a most fertile and fruitful field from which a rich harvest has been and is being gathered by them at our expense, together with that of taxed employees. However, I do not think that railway managements are always as cold-blooded and wicked as many people believe; but one thing is sure, they will take every advantage and every inch of ground, as well as every penny, if

we but say nothing and allow them the privilege. It seems they have an aching void which they hope to fill by triumphal conquest, subduing the universe to their own ends and purposes. They concede no individual rights, they respect no man nor class of men except upon the stern basis of law, and there is no advantage they will not take, however unjust or iniquitous, to serve the most sordid and selfish economic pretenses.

And when in the so-called employ, our service is required free of charge, in the capacity of experts or otherwise in any or all the courts, whenever called upon. In fact, we must dance a quickstep to whatever music is wafted to our ears, and are required to pay the fiddler besides. However, subordinate officials with an itching desire to gain favor with superiors, are frequently to blame for unbecoming and unseemly exactions.

The natural tendency and drift of the evils set forth is to depreciate and lower the time-honored standard of professional digdity and usefulness sacredly bequeathed us by our worthy and illustrious forefathers, and degrade more and more toward a common level with cheap, common, clap trap charlatanry.

Let us, like true, valiant soldiers in a righteous cause, make a trench here and throw up embankments there, and under a flag that knows no truce, sheltered behind a defense, doubly fortified by all that is sacred, pure, true and noble, bravely defend our profession against being undermined of its legitimate honors, prosperity and rewards, and being left like a mighty, glittering, towering temple, despoiled by remorseless, ignoble hands, to be trampled upon as a common, crumbled ruin.

We should not be overawed into a compromise, nor barter our heritage of prefessional rights and prestige for a mere mess of pottage, nor allow ourselves whipped into servile subjection to or by any authority, subordinate or supreme.

Let us not be as dumb driven cattle, but in a spirit of fairness be just, and demand equal justice to all concerned, though the heavens fall. And while railway systems are requiring everything of us, let us, like noblemen of a noble ancestry, also require an adequate appreciation and a proportionate just reward or recompense, becoming and befitting the character and dignity of our profession.

In all truth and candor, I feel that we have been too easily beguiled into a Rip Van Winkle sleep upon this matter. We should wake up from this seductive slumber and its delusive dreams. Our professional relations and responsibilities to these systems are something more and superior to that of the liveried Pullman porter, although he treads the palatial sleeper, with its gorgeous furnishings and silvery mountings, with the air of a prince or magnate, happy in the thought of receiving more genteel, or at least a greater proportionate compensation for services rendered than the local physician and surgeon, if not the subordinate chief surgeon himself. Look at it as we may, and think of it as we will, in the light of approved reason and judgment, is it not a burning shame?

Life is real, life is earnest, and the frowning clouds and sombre shadows are, if possible, more potently real than the faultless beauties of azure tints, the starry decked heavens, or the wondrous prismatic coloring of the enchanting rainbow; and while it would delight us more to contemplate and discuss the more pleasing features of our professional life and experience, I thought it not untimely, upon this occasion, to follow in the footsteps of Sam Jones and call attention to some of the wickedness of the times affecting the medical profession. If these matters are never agitated by the profession, when, and by whom will they ever be? In denouncing the wrong and contending for the right, even those whose will and interests are directly opposed will honor manly courage and devotion to principle.

Let us look at this matter in no sordid way, but rather upon honest, wholesome, ethical and business principles, adhering to the strictest professional honor and integrity, ever thinking and acting in conformity to the hallowed teachings of the golden rule, to "do unto others as we would have them do unto us."

I again thank you most heartily for your kindly hospitalities and patient indulgence.

Compound tincture of benzoin and glycerine, equal parts, applied to fissured nipples, will seldom fail to cure, if the parts are kept clean.

For Daniel's Texas Medical Journal.

ANEURISM OF PALMER ARCH OF LEFT HAND.

R. MENGER, M. D., SAN ANTONIO.

I TAKE pleasure in reporting the following interesting, and, I believe, very rare case of *aneurism*, or rather *varicose enlarged arteries* of the maine lower arteries of the left arm with aneurismatic enlarged palmer arch and hemorrhages of hand, necessitating ligation of radial artery and double ligation of ulnar artery, and followed by subsequent partial gangrene of middle hand and both left fingers, which necessitated exarticulation of part of middle hand with both fingers.

The case was under treatment of Dr. Wolff, of Marion, Texas, and the following is a short history of the case:

The subject, a stout and quite healthy looking, a hard-working German farmerwoman, aged 46 years, had, as she stated, from birth on, a pulsating tumor or tumors in left middlehand, which gave her no trouble until lately, when, from hard manual work it seems, one of the aneurysmatic sacks either inflamed or increased, and became so thin that the larger sack ruptured near the upper part of the hand, causing a very severe hemorrhage. This happened six months ago and the hemorrhage was controlled by compression. Two months ago, Aug. 30, although another hemorrhage occurred in the middle hand, and, as compression was not efficient, Dr. Wolff ligated the radial artery. On Sept. 6th, however, another severe hemorrhage occurred in the hand and also of the ulnar artery near the hand-joint, and this time the hemorrhage was such, that Dr. Wolff had to ligate the ulnaris twice at different times and at different places to control the bleeding.

On the 19th of September I was summoned by Dr. Wolff to see the case with him, as, after the last ligation, a severe swelling of the entire lower extremity occurred with later symptoms of gangrene of arm, and as amputation of the arm came into question. The entire condition of the arm during and after the

late hemorrhages, Dr. Wolff said was such, that he considered amputation of the arm the only way to save her even now. Yet after careful examination and reconsidering the case, although, inasmuch as the swelling had considerably diminished since the last time Dr. Wolff had seen the patient, we concluded to only exarticulate the two meta carpal bones and secure the enlarged vessels in middlehand, for the following reason: There was yet quite good circulation in the radial artery traceable down to the smaller branches on right side of hand; the heart action was good and normal, but the pulsation of the lower extremity of left arm showed all physical signs of atheromatous degeneration. Whereas, on the left side of hand, beside the œdematous swelling of the lower arm, both fingers were mortified, the same being contracted and anæsthetic, and part of the middle hand, somewhat over midway to corpo-metacarpal joint, showing all signs of gangrene, and necessitated exarticulation.

As we were out of reach of any other assistant (about ten miles from Marion on a ranch), and the case being an urgent one, we had to operate alone, Dr. Wolff giving chloroform and ether (part aeq.) and helping ligate the vessels. In spite of compressing the upper brachial artery with the tourniquet, there was considerable hemorrhage during the exarticulation, from the immense tortuous and enlarged arteries in the hand, ten of which were ligated.

On account of some gangrenous cuticle near the finger joints, the flap on ulnar side of hand was somewhat short, but I left enough sound flap to cover most of the opposite wound. After securing all hemorrhages and careful cleaning, we dressed the stump with iodoform and iodoform cotton and put the entire arm in a well-padded splint. The woman made a splendid recovery, the flap united well, and there is no recurrance of hemorrhage.

The increased thirst experienced after eating salt fish is not caused by the salt it contains, as is usually believed, but certain constituents in the oil which greatly stimulates general metabolism.

For Daniel's Texas Medical Journal.

ASEPSIS VS. ANTISEPSIS IN THE TREATMENT OF ACCIDENTAL INJURIES.

BY B. F. CHURCH, M. D., AUSTIN, TEXAS.

Read before the Austin District Medical Society, Dec. 18, 1890.

IT IS not the object of this paper to describe the various methods of aseptic or antiseptic surgery, but to call attention to a discipline of supreme importance in the management of accidental or gunshot wounds, viz: the *prevention of contamination*, and especially to *protest* against *probing*.

According to modern science the idea of spontaneous decomposition is as unnatural as spontaneous generation, and it is well known now that three factors are necessary for putrefactive decomposition of an albuminous or albuminoid substance. 1, *moisture*; 2, *warmth*, and 3, the presence of micro-organism or fungi, known as *bacteria* and *micrococci*. Absence of any one of these factors will prevent decomposition. This is practically demonstrated by the preservation of meats and fish by either drying, freezing, or hermetically sealing them from the organisms of the air. A bloody injury—if the wound is clean—furnish all the conditions necessary for suppuration, except the fungi. Oozing blood and lymph is a perfect pabulum and a most excellent medium for the growth and development of spores or seeds of fungi that float in the air of all habitable localities.

Bergman's sepsin, or ptomains of the French authors, are the products of a fermentation process set up by the fungi and is highly poisonous, causing local inflammation, septic fever, etc.

The dangers of a septic wound does not end here, for the *fungi* themselves may invade the living tissues, or be carried by the lymph channels and veins into the general circulation, causing secondary deposits and metastases.

These results are oftentimes learned after bitter experiences. Unfortunately many surgeons are not unlike some of the old accoucheurs,—who very thoroughly disseminated septicæmia amongst their lying-in patients,—do not stop to study the cause

or to consider that loss of limb or life can absolutely be prevented in a majority of cases by thorough ascepticism—which is purely a preventive mode of treatment. An ounce of prevention is certainly worth several pounds of cure in these cases,—more properly speaking an attempt at cure,—for too often the injury is irreparable.

A large proportion of incised and lacerated wounds, compound fractures and all gunshot wounds—with rare exceptions, as pointed out by Esmarch—are aseptic and require no disinfection.

The first object of a surgeon, upon taking charge of a fresh case of a bloody injury, should be to strenuously guard against septic cantomination.

The wound, under no condition, should be handled unless there is unmistakable evidence that it contains filth. By avoiding suppuration, almost a complete restitution of the normal conditions will take place in a great majority of cases, while with suppuration, the gravity of a given injury is enormously increased. On this subject Geista says: "It may be safely assumed that an examination by probing or digital exploration performed on the filthy floor of a public place or on the street pavement, even by the most experienced surgeon, cannot be and *is not* cleanly aseptic. It is extremely dangerous, unnecessary, hence culpable." Bergman's experience during the Russo-Turkish war has showed that most gunshot wounds are aseptic, and that, with the exception of those cases where shreds of soiled clothing or gun-wads were carried by the projectile into the bottom of the wound, healing *without* suppuration can be confidently expected if the wound is not infected by meddlesome and uncleanly surgery.

In this connection the observations of Reyher should not be overlooked, as they show the vast gains modern surgery has made over the older plan of treatment of gunshot fractures.

Gunshot fracture of the knee joint was formerly considered an indication for immediate amputation. Rayher treated eighteen fresh cases aseptically, that is by simply cleansing and disinfecting the skin about the wound and occluding the same by an antiseptic dressing. When the wound was gaping or there was ground to suspect the entrance of dirt or shreds of clothing into

bullet track, dilitation, irrigation, and extraction of the foreign body with subsequent drainage, before the wound was sealed up. Of these eighteen cases *fifteen* recovered, with movable joints, *83.3% of recoveries.*

Of nineteen that came under his care, several days after the reception of the injury, with well-established suppuration, *eighteen died*, and *one* recovered with a *stiff joint*; in spite of an energetic antiseptic treatment by incisions, drainings, and irrigation. There was a mortality of *85%*.

Generally speaking, a safe rule to follow is never to probe a gunshot wound, even if the ball be lodged just under the skin; it is far safer to refrain from removing it until the channel cut by it had healed. The bullet soon becomes encysted and will do no harm, unless, possibly, it presses upon some important nerve trunk. The idea entertained by a few, that there is danger of lead poisoning if the ball remains, is too absurd to admit of argument.

Society Notes.

DEATH OF DR. UNDERHILL.

New Braunfels, Texas, Dec. 17, 1890.

Mr. President and Gentlemen Austin District Medical Society:

It is my sad duty to announce to this Society the death of an honored member, Dr. G. Breaux Underhill. Dr. Underhill died in New Braunfels, Texas, December 10, 1890, and his remains were interred in Lafayette Cemetery, New Orleans, La., on the 12th instant.

Before offering suitable resolutions, I desire to pay humble tribute to his memory, and to express my own sorrow for the death of him, who, as a man, possessed talents and virtues worthy of emulation; who, as a friend, was warm-hearted, generous and true; who, as a physician, stood in the front rank of his profession, and, though himself diseased, and conscious of an early

grave, heroically gave of his waning strength to help the feeble and comfort the poor.

The subject of this memorial was born in New Orleans, La., on the 9th of June, 1853. He inherited a nature gentle and refined, and possessed a mind too broad to harbor malice or envy for his fellow-men. As an only son, he was given every advantage of education, and in his early manhood graduated with honor at Trinity College, Hartford, Conn. His restless mental and physical energy urged him onward to the goal for which nature had best fitted him, and putting aside the temptation of a life of ease and idleness which wealth held out to him. he resumed the arduous work of student life by entering upon the study of medicine in the University of Louisiana.

Graduating in due time he at once left for Europe, and spent several months in further study at the Universities of Vienna and Heidelberg. After an absence of two years he returned to his native city and was tendered and accepted the position of consulting physician at the Charity hospital. This position he held for two years and until failing health prompted his resignation. Broken down physically, he was induced to seek our sunny climate, and with a forlorn hope he came in 1886 and spent the remainder of his days among us.

As a member of this society you each knew him only as a cheerful, earnest worker; but few knew of his heroic struggle that ended in death. Being a physician, he was painfully conscious of his certain and speedy doom; and yet, with philosophic calmness, he awaited the end.

His well-stored and disciplined mind long dominated the frail body, and a number of medical contributions from his pen affirm his intellectual energy. His papers on The Influence of Malaria on the Upper Abdominal Viscera, and Continued Fevers, read before the Society, were of more than ordinary merit and were well recieved by this body. But now his life's work is ended, and the name of G. Breaux Underhill is forever erased from the roll of the living. The records of this society prove him to have been a worthy brother while living; let these records also attest our deep sorrow that he is dead. I offer, Mr. President, the following resolutions:

Resolved, That the Austin District Medical Society has heard with profound sorrow of the death of Dr. G. Breaux Underhill.

Resolved, That this Society has lost a faithful brother and the profession a gifted son.

Resolved, That our sincere sympathy is with his sorrowing family.

Resolved, That these resolutions be spread on the minutes of this Society, and the family be furnished with a copy of the same.

A. GARWOOD, M. D.

The above memorial and resolutions were unanimously and feelingly adopted by the Society. T. J. BENNETT, Secretary.

AUSTIN DISTRICT MEDICAL SOCIETY.

The thirteenth quarterly meeting of the Austin District Medical Society was held in Medical Hall, December 19, 1890, with the largest attendance since the organization over three years ago. About sixty physicians were present, and a more enjoyable time, scientifically and socially, the society never had. Dr. R. R. Walker, first physician to the Lunatic Asylum at Austin, and Dr. Ault, of Lampasas, were admitted to membership.

There were eight excellent papers read which in due time will appear in the JOURNAL.

Dr. A. Garwood, of New Braunfels, reported the death of Dr. G. B. Underhill. See memorial elsewhere in this JOURNAL.

The following officers were elected for the ensuing year: Dr. J. W. McLaughlin, President; Dr. W. A. Ellison, 1st Vice-President; Dr. J. W. Hamilton, 2nd Vice-President; Dr. T. J. Bennett, Secretary and Treasurer, holds over one year; Drs. A. N. Denton, A. J. Davis and F. R. Martin, Censors.

It affords a great deal of pleasure to refer to the Austin District Medical Society as a grand success. Such it is. And it is commended to all reputable physicians accessible to Austin. Gentlemen, you cannot do without the strong arm of a good working society around you if you want to progress in your profession.

The proceedings of the day closed with a banquet at night, after which all went in a body to the opera house and witnessed an excellent play.

ABBOTT, TEXAS, Dec. 10, 1890.

To the Hill County Medical and Surgical Association, now in Session:

We, your Board of Censors, have carefully examined the charges against Dr. F. B. Wilkes, and recommend his expulsion from this Association.

M. D. KNOX,
W. M. DRAKE.
B. H. VAUGHAN.

The ballot was then spread and Dr. F. B. Wilkes, of Abbott, Texas, was unanimously expelled from the Hill County Medical and Surgical Association.

The Northwest Texas Medical Association will convene in Abilene on first Tuesday in February. The association is in a flourishing condition, and we have great expectations.

The following papers will be read and discussed:

Puerperal Eclampsia. Dr. W. M. Powell.

Differential Diagnosis Diphtheria and Membranous Croup. Dr. J. M. Isbell.

Fractured Thigh. Dr. R. G. Powell.

DR. S. H. STOUT, President.

P. C. COLEMAN, Secretary.

Vomiting of Pregnancy:—Prof. Goodell, of Philadelphia, recommends the following:

℞ Ceri Oxalat.....gr. i
Ipecac.....gr. i
Creasoti.....gt. ij

M. Sig.: This to be taken every hour until nauseu is controlled.—*American Practitioner News.*

Items of Interest.

[CULLED BY DR. B. F. CHURCH, AUSTIN.]

Some Notes Bearing on the Administration of Iron, by John Aulde, M. D., Philadelphia, Pa.—Although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal hæmatinic. No apology, therefore, is required in offering to the profession a comparatively recent preparation, which is free from some of the objections that have been urged against many of the iron preparations now in use. In order to make the reason which I have to offer clear and distinct to the casual reader, I have deemed it wise to consider briefly some points intimately connected with the pharmacology of the drug. From this preliminary study we shall be in a measure prepared to estimate how nearly the new product comes to meeting the defects with which we have had to contend so long, and at the same time it may possibly lead to a more intelligent use or this well-known remedy.

Besides the reduced iron, we have in general use the ferric and ferrous preparations, the latter being more mild, less astrigent, and free from the objections to the ferric salts—that of coagulating albumin. Lethal doses of the ferric salts used intravenously, in experimental investigations, cause almost immediate paralysis of the central nervous system, fall of blood-pressure, and death. Although the perchloride, when thus used, causes instant death by coagulation of the blood, it does not act in this direct manner when introduced subcutaneously; the nerves are unaffected, but at the points of elimination inflammatory action is set up, *e. g.*, the kidneys, liver, and intestinal membrane show more or less effect.

Absorption takes place as a peptonate or albuminate, but it is taken up so slowly that no appreciable result follows, unless, as just stated, it may be used intravenously or subcutaneously.

Absorption takes place more rapidly in catarrhal conditions of the intestinal tract —a fact to be borne in mind when exhibiting large doses, which cause gastro-intestinal catarrh. Small doses do not have this effect, nor does the metal appear in the urine from their administration, such as may be observed after the ingestion of large doses. It will be inferred from the foregoing that by the exhibition of small doses of a soluble preparation of iron it will be assimilated without causing derangement of the alimentary tract, and in this way the secondary effects, *i. e.*, the deposit of the metal in the system, may be avoided.

The fact should be kept constantly in view, that metals have a poisonous action upon nerves, nerve-centres, and upon all glandular structures; and as iron is a reputed hæmatinic, much harm may result from its injudicious employment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. This is a rule which applies especially to all insoluble iron preparations, and it is but reasonable to assume that, whatever harm has been done through this means, may have escaped attention, because few physicians are likely to investigate the presence of factitious diseases. Another factor which has contributed to lessen these evils, is the slow process of absorption.

The foregoing observations apply with equal force to the effects of the drug upon the circulatory apparatus. While copper is an active agent in causing contraction of the blood-vessels, iron produces slow contractions, showing that it is less irritant (stimulant) to the nervous system. This may possibly be accounted for on the hypothesis that iron is a normal constituent of the blood. Whether this effect is due to irritation (stimulation) of the vaso-motor nerves, central or paripheral, or to a direct action upon the muscular walls of the blood-vessels, is a question still in doubt. My own impression is, that through the influence of the medicament upon the nerve-cells the large doses, comparatively, arrest their function, when contraction of the muscular structures in the vessels takes place. The ferric salts, owing to their property of coagulating albumin and blood, of course produce more marked effects than the ferrous salts, Digitalis and ergot among the organic, and barium chloride among the inor-

ganic, remedies well-known as vascular tonics, furnish apt illustrations of this important principle.

Iron has a tendency to accumilate in the liver; small doses do not show this tendency, but they may serve to increase the functional activity of this organ, when given in a soluable, non-astringent form, by restoring cell-nutrition to the normal.

The efiect of iron upon muscular structure has long been known to experimental physiologists, but I doubt if this knowledge is appreciated by many practitioners, who regard the possible benefits to be derived from the exhibition of iron preparations in proportion to the amount tolerated by the patient. Now, large doses, while they do not affect the irritability of muscular structure, lessen materially the amount of work it is capable of performing, while small doses increase the capacity of muscle for work. What is most to be desired, therefore, is a preparation not open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirble that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination, I believe, is to be found in that form known as levulose ferride, which was highly recommended to me several years ago by my friend, Dr. James Collins, of this city.

The preparation known as levulose ferride is one which takes the place or a well-known and popular German product, called *Eizenzucker* (iron sugar), very extensively used in domestic practice. I was led to the employment of iron-sugar on account of its palatability, fastidious patients and children making no objections to it; but this has been supplanted by levulose ferride, which in the form of tablet triturates will be taken as readily as chocolate bon-bons. It is readily soluble in an excess of water, and practically free from any ferruginous taste or styptic effect when dissolved in the mouth, and is substantially a peptonate. The method of preparing it is briefly as follows: To a certain amount of iron a measured quantity of malt sugar (maltose) is added, and the mixture constantly stirred while exposed on a water-bath. While it possesses all the desirable qualities mentioned, the presence of metalic iron may be determined by chemical analysis, the strength of the product being about three per cent.

This preparation, it will be apparent, will act much less actively as an astringent than even the ferrous preparations; but, of course, it cannot be expected to take the place of the ferric products, which are sometimes demanded, as in the case of intestinal parasites (sarcina ventriculi and lumbricoides). On the other hand it will be especially indicated for the relief of anæmia and chlorosis, owing to its ready absorption, lack of astrigency, and its palatability. In all cases of defective nutrition, from any cause, whether the ingestion of any form of medicament is a trial to the patient, this product will be kindly received. A synopsis of some of the cases in which it is indicated, together with a summary of the effects following its employment may prove interesting to the physician.

During the early summer months, I had under observation a young mother with a six-months old child, who presented a very anæmic condition. I had seen her but once since the delivery of her child, and anticipating that she would not be able to nourish it sufficiently and maintain her health, I had cautioned her in regard to the most appropriate diet. Notwithstadding every care had been used, she was finally compelled to seek medical aid, or go to bed. All that this patient required was something for the purpose of increasing the amount of hæmoglobin, which would restore the integrity of the red corpuscles and improve the oxygen-carrying capacity of the blood. This being most readily accomplished by levulose ferride, she was ordered to take tablets of this preparation, each containing three grains, after meals. To meet the emergency, and increase the patient's strength until such time as the advantages of the iron would be apparent, small doses of strychnine (one-sixtieth grain) were administrated along with the iron. Ordinarily, this class of patients, when they begin in the early summer, suffer more or less from the effects of the heat, and become regular patrons of the doctor; but this patient did not make her appearance again for about two months, when she said she thought it was about time to have a little more of the same medicine. I may mention in passing, that the first medicine was sufficient only to cover the first ten days, and the patient seemed greatly disappointed that she was compelled to return.

So many children are so promptly benefited by the use of a small quantity of iron, that it is a great drawback to us that no palatable preparation has been discovered and put on the market. I have in mind a little fellow, who has long been very much adverse to eating meat, due, I presume, to defective digestion; but for the past few weeks, since he has been taking the levulose ferrid, he seems quite content to eat meat alone, and is becoming strong and robust.

Not long ago I had a visit from a lady, who brought with her a young lad, aged fourteen, who had a most forbidding cadaveric expression, and he could eat no meat. His brother, I was told, had died at about this age from Bright's disease, and this one presented all the symptoms peculiar to the brother who died. Still, with attention to diet, out-door exercise in the country, and a tablet triturate containing three grains of ferride after meals, he made a prompt recovery. Although I was unable to discover any symptoms of Bright's in this instance, I was impressed with the depression due to the anæmic condition; and yet, without some readily assimilable iron preparation, it would have been a tedious process to start him on the way toward recovery.

Late in the spring of the year, a gentleman, aged about thirty-five, called on me, complaining of dyspepsia, although he had been under the treatment of another physician for overwork for four years. After regulating his diet, and adopting treatment calculated to restore the activity of the digestive apparatus, he was placed upon levulose ferride along with strychnine sulphate —three grains of the former in tablet form, one-sixtieth grain of the latter, and did remarkably well on this combination. This product, like all other mild preparations of iron, is mostly indicated in cases of this class, and along with these may be mentioned chorea, convalescence from lingering diseases, like typhoid fever; and in all such instances, I venture to anticipate that the results will be especially favorable where attention is given to dietic measures.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; or it will be found more convenient in the form of tablets, each containing three or five grains. The dose for

children ranges from three to ten grains, and for adults from five to thirty grains.

The Levulose Ferrid was obtained through Messrs Eisner & Mendelson Co., of New York, who import this article.

The Action of Cod Liver Oil.—Drs. Gautier and Mourgnes, in a recent communication to the Academy of Science discuss at some length the reasons why cod liver oil is superior to other fats as a therapeutic agent, and arrive at the following conclusions:

1. It is more easily assimilated, owing to its containing free fatty acids and some biliary matters which render its emulsion especially easy when it comes in contact with the pancreatic juice.

2. It is rich in phosphates, phosphoric acid, lecithin, and phosphorus in organic combination; the phosphorus, especially in the last mentioned form, is very readily assimilated to form protoplasm, and thus nutrition is very greatly stimulated. The small amount of bromine and iodine being also present as organic compounds, exercise a beneficial effect on the general metabolism.

2. The alkaloids present—butylamine, amylamine, morrhurine—and morrhuic acid stimulate the nervous system, increases the amount of sweat and urine, and acts as nervine tonic.—*Brit. Med. Journal.*

Chloroform Narcosis.—After numerous experiments upon animals, Dr. H. Wood has arrived at the following conclusions, in regard to chloroform poisoning:

Avoid the use of all drugs except digitalis and ammonia.

Give the tincture of digitalis hypodermically.

Draw out the tongue and raise the angle of the jaw, and see that respiration is not mechanically impeded.

Invert the patient briefly and temporarily.

Use forced artificial respiration promptly, and in protracted cases apply external warmth and stimulation of the surface by the dry electric brush, etc., and, above all, remember that some at least, and probably deaths which have been set down as due

to chloroform and ether, have been produced by alcohol which was given for the relief of the patient.—*Leonard's Med. Journal.*

Condensed Milk for Emulsions.—It is said that nothing can equal condensed milk for emulsions. To make a 50% emulsion of cod-liver oil:

℞	Cod-liver oil	8 fld ozs.
	Condensed milk	3 do
	Glycerine or syrup	3 do
	Water	2 do

Add of a flavoring oil, such as bitter almond, 10 drops, or wintergreen, 15 drops.

Rub the condensed milk 'round in a dry mortar, and gradually add the cod-liver oil, working, as is customary in making emulsions.

When thoroughly incorporated, add the glycerine and lastly the water and flavoring extract.—*Medical and Surgical Report.*

Sodium Salicylate in Coryza.—*The Memphis Medical Journal* advises the following in coryza:

℞	Natr. Salicyl	ʒ iv
	Syr. Aur. Cort	ʒ iv
	Aqua Menth. Pip.	℥ iv

M. Sig. A dessert spoon-full every three or four hours.

A dose every three hours until relieved or tinitus aurium results, will control the brow ache and other unpleasant symptoms.

Dr. Mayham, of Wisconsin, reports, in the *Medical Standard* a case of pseudocyesis in a woman seventy-two years old, and a mother of several children.

All that can be positively asserted about the "Lymph" is that it seems to have produced good results in lupus. That sufficient time has not elapsed to judge of its value in lung, brain and joint tuberculosis; that the reaction effects are uncertain, and their diagnostic value is problematical; that the dangers from

reaction from the lymph are very great, and have been underestimated. The furore is likely to result in an increased study of pathology and symptomatology of insipient phthisis, and hence cannot fail in the end to benefit science.—*Medical Standard.*

Menthol for Chapped Hands.—A writer in the *Provincial Mirror Journal* offers the following: Menthol 15 grs., solol ½ drachm, olive oil ½ drachm, lanolin 1½ ounce as a soothing application for chapped hands. The pain, he says, is at once allayed after the first application and the skin is at the same time softened. The fissures will heal promptly under a systematic use of the application once or twice daily.

Infantile Convulsions:—Dr. Jacobi's usual treatment is to give a purgative dose of calomel, to be followed by four grains of chloral and eight of bromide of potassium; for a child two years old.

Advertising Echoes.—"Best advertising medium we know; count us permanent patrons."—*Sharpe & Dohme*, (6th year.)

"Renew our contract and continue till forbid."—*W. H. Schieffelin & Co.*

"Will renew for 1891. Contract endorsed." (6th year).—*Park, Davis & Co.*

"Want to thank you for the good our ad. has done."—*Dios Chemical Co.*

"We are well pleased with results, will take a page for another year."—*Feick Bros. & Co.*

"Orders are coming in from all parts of Texas."—*Campho-Phenique.*

"The bulk of our trade in Texas due to an advertisement in your JOURNAL." (Prior to sending our agent.)—*Fairchild Bros. & Foster.*

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett. Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

SMALL-POX IN TEXAS.

The Necessity for a State Board of Health Demonstrated.

The Governor has isued the following proclamation:

To whom these presents shall come:

WHEREAS, It appears from reports made to me that the contagious disease of small-pox has made its appearance at various points within the State, at which the local authorities state they are unable to cope with or control said disease; and

WHEREAS, There appears to be a conflict in the general quaraotine laws whereby great confusion and hindrance to the commerce and trade of the State may be incurred, unless the State of Texas, acting by its health officer, shall, by proper rules and regulations, take control of all local quarantines;

THEREFORE, By virtue of the powers conferred upon me, and the requirements thereunder of the quarantine laws made and provided, commencing at Art. 5090 of our Revised Statutes and subsequent enactments, I declare a quarantine against all places wherein the said contagious disease of small-pox may now, or during the pendency of this proclamation, exist, and direct that the state health officer shall inquire into the condition of affairs at all such places, and shall make such rules and regulations to

enforce quarantine and control and stamp out the said disease, as under the law and the circumstances in each case may seem to him to be for the interest of the public.

In testimony whereof I hereunto subscribe my name
[L. S.] and cause the Seal of State to be affixed at Austin, this 2nd day of January, 1891.

[Signed] L. S. ROSS, Governor.

By the Governor:
J. M. MOORE, Secretary of State.

Can anything more forcibly demonstrate the necessity for a change in the present so-called "health system" of Texas? We have no health systsm; there is a qurantine law, and strict measures are enforced as to maritime quarantine,—and so far as it goes the law is good enough. But Texas needs something besides maritime quarantine; there is no law regulating internal quarantine; and there is little or no protection against invasion from Mexico. In all probability the infection now spreading in the interior of Texas was introduced from Mexico; we know that complaint has been made on the frontier that there was either no protection, or that it was not efficient, and that the disease was imported into Laredo via Mexico. Because of the want of a law to regulate internal quarantine, the people in one or two instances have taken the matter in hand and instituted, practically, "shotgun" quarantine, notably at Marlin against Waco, some time since, and it has resulted in damage to trade and ill-feeling between neighboring towns, as well as to interruption of travel. In the instance referred to it brought about a conflict between the local authorities and the State government, and the governor had to go in person to enforce the raising of the blockade. Now, it seems, this thing is to be repeated at some dozen or more points in the State. The disease has broken out in Greer county, away up in the Panhandle, and in the interior, and in the Southwest, and at or near Houston and Galveston. In consequence of the absence of a law to regulate matters. the local authorities must act as they think best, and as that action is not always characterized by the highest evidence of intelligence, a conflict is bound to ensue. We heard of one so-called health officer who had been sent to deal with an outbreak of small-pox, and when asked why

he did not cause a general vaccination, replied: "They have already been exposed and vaccination will only make it worse." He should be "bored for the simples;" but it is only mentioned in support of the above assertion.

It is to be hoped that the State Health Officer may be able to harmonize things and to stamp out the disease promptly.

The Legislature should promptly amend the law so as to obviate similar conflicts in the future, and no doubt his Excellency, Governor Hogg, will so recommend.

But, while they are about it, why not give the State a complete Board of Health? We have, as stated, a good quarantine service, as against foreign invasion. We would advocate letting that alone, as far as possible, and adding to it. Let them create a State Board of Health, and let the quarantine office be a member with a separate and especial function; but let him act jointly with other members in all other matters that pertain to a Board of Health. We regard the preservation of vital statistics of prime importance, and the Board should attend to it; interior sanitation should be a function, and the supervision of the sale of foods, liquors, drugs and medicines, etc., should be provided for by them. It has been pointed out repeatedly that a Board of Health, such as exists in twenty-six States, can be operated at less cost than has attended the administration of outside quarantine alone, in Texas in recent years. Therefore, from every consideration of right, duty, necessity and economy, we urge the creation of a Board of Health for Texas at an early day by the Legislature.

Our Committee on Medical Legislation, composed of some of the ablest medical men in Texas, have prepared a bill for the purpose of creating a Board of Health, and will present it in person soon after the Legislature meets. The bill provides that the Board of Health shall also be a Board of Medical Examiners to examine aplicants for license to practice, and the JOURNAL is informed that the bill will be presented to the Legislature, backed by petitions from every class of people from every section of Texas, to the number of twenty-five thousand or more. Will the Legislature heed this popular demand?

ASYLUM SUPERINTENDENTS APPOINTED.

Governor Hogg, who was inaugurated on the 20th inst., as early as Jan. 5th made it known that Dr. John Preston, late 1st assistant physician at Austin, and a prominent candidate for Superintendent of the State Lunatic Asylum, at Austin, would be assigned as Superintendent of the asylum at Terrell, vice Dr. Wallace, whose term expires with the change of administration. When the appointment was tendered Dr. Preston, (who, it will be remembered, recently resigned his position as first assistant at the asylum and removed to San Antonio), the Doctor was quite surprised, and replied that he had not asked for the Terrell asylum and had never given the subject a thought. He also said that he had too much regard for Dr. Wallace the long-time Superintendent, the father of that institution, in fact, to antagonize him, and therefore asked a week's time in which to consider the Governor's offer, even after the Governor assured him that he did not intend to re-appoint Dr. Wallace. At the end of the week Dr. Preston accepted the appointment. We are pleased to learn that he has tendered the position of first assistant to Dr. F. S. White, the present incumbent, and who has been Dr. Wallace's chief-of-staff from the founding of the institution.

It has been announced also, that the Governor has appointed, Dr. W. W. Reeves, of Wills Point, VanZandt county, to the Suintendency of the Austin Insane Asylum.

Dr. Reeves is a prominent and very popular physician of Northeast Texas; a member of the Texas State Medical Association, and will doubtless make an excellent officer. The JOURNAL has no information as to the extent of his experience in the management of an asylum or the treatment of the insane; and, it is generally understood, that experience is a prime requisite stipulated by the law, a *sine qua non* to the appointment; but the Governor, who is ex-Attorney-General, (and who better qualified to expound or interput the law?) construes the section refered to, to mean experience in the practice of medicine, only. Under this construction *any* physician who has ever visited a sick man, could come

in, supposing him to possess the *other* requisites. (We will not name them). The JOURNAL has no fault to find with Dr. Reeves' appointment, though he was not our choice; we believe he will reflect honor on the office, and we beg hereby to extend to him our congratulations.

The appropriateness of Dr. Preston's appointment at the head of one of the great asylums of the State, is all but universally acknowledged, though his friends would much prefer the reversal of the appointments, Dr. Preston at Austin, and Dr. Reeves at Terrell, in his own county. This is something like the policy of our generals during the war, one which we, a private, could not understand or appreciate, *i. e.*, to send Mississippi troops to Virginia, and Virginia troops to Texas! The inmates of the Terrell asylum, who were greatly attached to Dr. Wallace, may be consoled by the assurance that in Dr. Preston they will find a worthy successor to their old favorite. We believe no fault was found of Dr. Wallace; this is only another exemplification of the well-understood and accepted maxim in politics, that "to the victor belongs the spoils." Wallace's only offense, so far as we know, was that he was not a "Hogg man"; he tossed not high his ready cap in air, nor lifted his voice in the convention, for the great popular favorite, our excellent new Governor.

Medical News and Miscellany.

The Medical Mirror, ($2) and DANIEL'S TEXAS MEDICAL JOURNAL, ($2) both for $3 for 1891.

The New Orleans Medical Journal, ($3) and this journal, ($2) both for $4. Subscribe at once.

Dr. E. G. Cochran has been appointed assistant surgeon of the Mexican Central R. W. system at Silao, Mexico, vice Dr. A. S. Paul, resigned.

We are Authorized to say that Dr. E. J. Beall, of Fort Worth, Texas, expects shortly to receive a supply of the "Koch Lymph," and desires to correspond with physicians in Texas who meet with cases of Lupus; looking to undertaking the treatment by the new method.

Dr. A. S. Wolff, the quarantine officer of Brazos Santiago, has recently been ordered by his chief, State health officer Rutherford, to Claude and Vernon, near the Colorado line, where the small-pox had broken out. He soon got it under control, and vaccinated all the unprotected.

Dr. E. J. Ward has removed from Waxahachie to Corpus Christi, the change being induced by the state of his health. He hopes to find the sea air beneficial, and went to Corpus Christi originally for his health. Dr. Worsham succeeds to the practice of Ward & Worsham, at Waxahachie.

The New State Health Officer of Texas.—Governor Hogg in response to numerous petitions from all parts of the State, and by the business men of cities as well as leading physicians, has appointed Dr. R. M. Swearingen State Health Officer for the ensuing term. This meets with very general favor.

Removals.—Dr. W. T. Strain has removed from McCoy city to Wills Point.

Dr. J. M. Dollar has removed from Gauze to Burlington, same county, Milam.

Dr. E. S. Adams has removed from Caledonia to Garrison.

An Austin physician suggests for gonorrhœa subacute:

℞ Salol, gr. iiss.;
Terpin. hydrate, gr. iiss.
M. ft. capsule i.
Sig. One dose, repeat every 4 hours.

For Sale.—I will sell my residence and drugstore with good practice. Apply to S. H. HARDY, M. D.,
Paige, Texas.

[This is in a good agricultural section and presents a rare opportunity to step into a good practice.—ED.]

Small-pox.—Austin had one case. It died to-day, Jan. 14. Holland has a few cases, but they have been isolated and the population vaccinated. The same at Temple and other places in the State. There is no ground for apprehending an epidemic at any point in the State. As soon as a case is reported, it is at once isolated and the people vaccinated, which puts an end to the spread of the disease at that point.

The University Medical Magazine.—It is announced that the size of this excellent journal is soon to be increased by the addition of from sixteen to twenty-four pages to each number, mainly to give space for fuller abstracts of current literature under the direction of Dr. Wm. Pepper and Dr. James Tyson (medicine), Dr. D. Hayes Agnew and Dr. J. William White (surgery), Dr. Horatio C. Wood (therapeutics), Dr. William Goodell (gynecology), and Dr. Barton C. Hirst (obstetrics).

The Committee on Medical Legislation of the Texas State Medical Association have drafted suitable bills, one to regulate the practice of medicine, and one creating a State Board of Health; and will present them to the Legislature early in the present session. Backed as they are by a string of petitions from the people, there is every reason to believe they will be passed, of course with more or less alteration. The next issue of the JOURNAL will contain the full text of both bills.

The Journal regrets exceedingly to chronicle the death of Dr. Wm. A. McGehee. He died just before Christmas, of dysentery, at Dripping Springs, Hays county, where he had only recently located. He practiced at Uvalde in 1886, removed to Alpine in 1888 or 1889, and thence last year to Hays county. He leaves a

wife and five children. He was a brother of Senator George McGehee, we believe, and was a man very generally esteemed by those who knew him, and a conscientious practitioner of the healing art, to which he was devoted.

The Great Secret.—At last it transpires that "Koch's cure" is made public. What a spectacle has been presented all this time, in the medical profession using a remedy, the composition of which has been unknown to them! The Code prohibits the use of secret nostrums, and yet, what could Koch's lymph be called all this time, if *not* a nostrum? As predicted by the JOURNAL, it turns out to be a gelatine culture of the tubercle baccilli. Dr. Hamilton, Surgeon-Geueral, M. H. S., predicts that the United States government will appropriate $10,000 to establish a factory for the production of the lymph.

Dr. H. K. Leake, of Dallas, who for many years has given special attention to gynecology, and who has written some of the best papers on allied subjects that have ever been read before the Association, is having erected in Dallas an institution for the reception and treatment of gynecological cases, on the plan adopted by Mr. Tait. Last summer Dr. Leake spent some months with Mr. Tait, as a private student, and received a thorough and minute instruction in all of his *technique*. When the building is completed Dr. Leake will announce the fact, and will receive a limited number of patients for treatment. We bespeak for him a generous support from the profession.

Book Notices.

ESSENTIALS OF GYNECOLOGY, arranged in the form of questions and answers prepared speciálly for students of medicine, by Edwin B. Cragin, M. D., Gynecologist to the Roosevelt hos-

pital. With 58 illustrations. Philadelphia: W. B. Saunders, publisher.

This is a neat little book of 190 pages. It contains a great deal for the space. Its aim is to furnish a ready means for a hasty review of the subject before the student comes up for examination. It is as good a work as one could find of the kind.

B.

ESSENTIALS OF EXAMINATION OF THE URINE, by Lawrence Wolff, M. D., Demonstrator of Chemistry in the Jefferson Medical College. Philadelphia: W. B. Saunders, publisher. Price, 75 cents.

The directions given in this book seem to be thorough. It contains only 62 pages. The examinations are made chemically and microscopical, with a special view to the practical. It is a neat, well gotten up little book. B.

THE MEDICAL ANNUAL AND PRACTITIONERS' INDEX. A work of reference for medical practitioners. Eighth year. 1890. New York: E. B. Treat & Co. Price, $2.75; pp., 570.

This book is a little better gotten up than former editions of the Annual. The binding is more substantial, and the pages a trifle larger, though the type is still rather small for the average reader. It is a summary of the year's work in medicine, and is valuable for reference. Send to the publishers for a copy, and then keep up your subscription annually thereafter. It is a good book. B.

Publisher's Notes.

☞ In corresponding with parties advertising in the JOURNAL, our friends will confer a favor if they will mention where they saw the advertisement.

Attention is called to the advertisement on the second cover

page—W. H. Schieffelin & Co.'s. Their products there advertised have become staple in the practice, and the reputation of the house for integrity and ability is second to none in the world.

Read the Sultan Chemical Company's half page advertisement, and try their preparations, mentioning the JOURNAL.

We know of no remedy which has gained more rapidly in professional favor than Campho-Phenique, and few that cover so wide a range of therapeutic indications. It is a most admirable dressing and an antiseptic of high value. See advertisement, and if you have not used the remedy, add it to your list of indispensibles at once; order it and mention this notice.

Messrs. Feick Bros., of Pittsburgh, Pa., whose new advertisement we present this month, offer to send post paid any of the surgical instruments and appliances there mentioned, upon receipt of price. They say, "We are well pleased with the results of our advertisement in your JOURNAL." The JOURNAL acknowledges the receipt of a very handsome lithograph calendar for 1891. Any person wanting one will be supplied free on application.

The best evidence of the value of our advertising medium is that IT IS USED. If you see *leading manufacturers*, *medical colleges*, *etc.*, advertised in a journal, you may be sure *it pays* them or they would not be there. What then, if, after *five years of continuous use*, they *renew their contract* for the sixth year—*paying an advanced rate?* You are referred to the pages of the JOURNAL; most of the best known manufacturing chemists there advertised—and the *leaders* are there—have been with us, as stated, five years, and are now in for the sixth, in some cases at 20 per cent. advance. Comment is unnecessary. Send for rates.

The Journal has cause for congratulation at the beginning of

a new year. By reference to our advertising pages it will be seen that many new ads. have been added, while a number of former patrons have renewed for 1891—amongst whom are Messrs. Fairchild, Bros. & Foster, Fellows' Hyphosphites, Scott & Bowne, Schieffelin & Co., Park, Davis & Co., Doliber, Goodale & Co., Peacock Chemical Co., C. N. Crittenden & Co., and others. Whoop—the JOURNAL is booming, sure enough. Our readers must not fail to read these articles—they are as much a part of the *news* and are as important as any other part of the contents.

Syrup of Figs is a rational remedy. The laxative property of figs has long been known and utilized. We are authorized to say that Syrup of Figs is prepared from the juice of the ripe fruit, with other vegetable laxatives added—some of the simplest, such as Senna, previously deprived of its bitter and griping properties. The manufacturers will freely give the formula to any reputable physician, but it can be readily understood that to publish it would cause a number of imitations which would soon bring the name into disrepute. Those who have used the syrup like it, and say that its use will cure constipation. See full page advertisement; send an order, and mention the JOURNAL.

A Valuable Texas Invention.—Attention is again called to Dr. Shuford's anal speculum; it is advertised more fully in this issue and is illustrated with a cut which will give a better idea than any description could do. Eminent physicians who have used the instrument are much pleased with it, and say that its use not only facilitates exposure of the interior of the rectum and the application of remedies or ligatures, but is absolutely painless, except in cases of very painful hemorrhoids. Every progressive physician should be equipped with one of these instruments. Dr. Shuford will fnrnish anyone who desires it, his formula for hemorrhoids. It has been published in this journal several times. See advertisement.

Physicians Who Have Prescribed them speak in praise of "Cactina Pillets" as a heart tonic and stimulant. The manfacturing chemist is ever on the alert to present to the profession remedies of assured value, in attractive and convenient form for administration; and in this way they render a valuable service. It seems strange when we reflect that once upon a time the doctor compounded his own drugs, and most of them were administered in a crude and nauseous form. Compant to which the handsome pillets, gramles and tablets now furnished by the pharmacist are real luxuries. The older member of the profession remember the time when pulverized peruvian bank was given in substance, one or two tablespoonful at a time! It was more than eating sawdust. The progressive manufacturing pharmacist is a welcome product evolved in the advancement of civilization.

Heart Diseases.—The best results in all forms of heart disease, either organic or functional, can be obtained from giving small but frequently repeated doses of Cactina Pillets. Cactina is the isolated proximate principle of Cactus Mexicana, discovered and isolated by Mr. Fred W. Sultan, Ph. G., President of the Sultan Drug Co., St. Louis. One Cactina Pillet contains one one-hundreth of a grain of Cactina, and is, therefore, a medical agent of definite therapeutic value. Its continued use will reduce and regulate the pulse by giving strength and tone to the heart's action. It is indicated, and will give positive and prompt relief, when there is difficult breathing, tightness of the chest, a feeling of the want of air, with palpitation on going up stairs, and coldness of the feet, etc. It will cure all cases of functional disease of the heart, and will benefit and sometimes give relief in organic cardiac troubles. Perhaps the most important property of Cactina is to sustain and strengthen the heart in fevers and chronic diseases. So valuable is it, for this purpose, that it may be regarded as an absolutely essential collateral treatment in all diseases attended with debility.—*Med. Brief.*

DANIEL'S

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CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

For Daniel's Texas Medical Journal.

A CASE OF EXTRA-UTERINE PREGNANCY

Of Four Month's Gestation, With Delivery Per Uterus; —Recovery.

BY J. W. CARHART, M. D., LAMPASAS, TEXAS.

[Read at Austin District Medical Society, December 9, 1890, and ordered published in the JOURNAL.]

I WAS called to see Mrs. V., wife of Rev. H. V., on August 19, 1890, and on digital examination per vaginam, I found a tumor about as large as a hen's egg, or larger, on the right side of the uterus, and in the region of the right fallopian tube, but as it seemed to me, a little lower than the tube, involving, as I thought, the broad ligament.

I could not detect fluctuation at the time, or inflammation, and there was no history of inflammation, but the lady complained of constant pain, worse when she was on her feet, extending, at times, down the right thigh. A distinct sulcus was clearly definable between the tumor and the fundus uteri. A portion of the tumor seemed to crowd somewhat, the bladder on the right side, and she was troubled with frequent desire to micturate. I was somewhat at a loss as to the real nature of the case in view of the absence of inflammatory conditions, but ventured to exclude tubal pregnancy for the time, and treated the case as one of lymphaginitis,

I accordingly used the battery with the negative pole in closest proximity to the tumor, using a light and comfortable current. I also used the glycero-cotton tampon in tbe vagina, and painted externally with tincture of iodine. This treatment was continued until September 22, nearly every day. I made careful digital examination at comparatively long intervals, so that I would be more able to detect any change in the size of the tumor.

On September 28 I made careful examination of the tumor, its size, position and shape, and was convinced that I had a case of tubal pregnancy to deal with. The lady was thin in flesh, relaxed, and somewhat anæmic, and the outlines of the tumor could readily be made out and I could get ballotment.

The tumor was much larger than on the occasion of previous examinations; it was irregular, or nodular in shape, and I fancied that I could distinguish the head of the fœtus. The depression between the fundus uteri was still distinct. The fundus of the womb was slightly enlarged, but the neck was long and slim, and I could readily pass a Peaseley's sound into the womb, to the fundus, without the least obstruction.

Her last menstrual period was on June 19, 1890. I told the lady that I had treated her case as long as I was willing to, without counsel, and requested her to have her husband call at my office. He called towards night of the 28th of September, when I informed him of my conclusion and of the gravity of the situation, and requested counsel. I suggested Drs. C. M. Ramsdell and J. W. Hamilton, who were entirely acceptable to the parties, and on the morning of the 29th we met at the patient's residence, when

both my consultants made careful and thorough examination, without anæsthetic, which was not necessary, and the both confirmed my statements with regard to the tumor, but were not agreed as to tubal pregnancy. They thought that if an aspirating needle were introduced possibly pus might be evacuated; at the same time admitting the difficulty in the case in view of the absence of inflammatory conditions and of deciduous discharges common in tubal pregnancy. They thought inflammation might have existed, prior to my first examination, or subsequently, without being recognized. Accordingly, with thorough antiseptic precautions I introduced an aspirating needle into the tumor, through the vault of the vagina. The needle was connected by means of rubber tubing to a vacuum chamber. When the needle had penetrated to the depth of about three-quarters of an inch, I distinctly felt resistance, and so stated to my consultants. Some blood was withdrawn but no amniotic fluid. Dr. Hamilton thought I had struck a multilocular cyst, the needle passing through one sack and striking the walls of another.

From this time on I had the case under observation but did not treat the lady until October 15, when I visited her for the purpose of using the aspirator again, to see if I could not get amniotic fluid. On examination I was so fully satisfied that it was tubal pregnancy that I decided not to aspirate. On October 19, I was summoned hurriedly to her bedside, and informed that pains came on at about two o'clock that evening and lasted two or three hours, when there was a gush of blood, and severe flooding followed for awhile, but ceased just before my arrival, at about 5 o'clock.

As there seemed nothing for me to do especially, I left, with instructions for the patient to keep perfectly quiet in bed and to notify me should there be any new developments whatever.

The following day, October 20, I took Dr. Hamilton with me, and in view of the new developments he concurred with me in the diagnosis of tubal pregnancy. The depression between the tube and uterus, though yet distinct, had lessened, and the fundus uteri had enlarged somewhat, probably from the presence of blood clots.

Assuming that there was a possibility of the fœtus passing *per*

vias naturales, we introduced into the womb a Barnes' bag, with a silk cover to control dilatation, and by the use of an Allen's surgical pump, dilated to the full capacity of the bag. All the tissues of the patient seemed lax, and there was not sufficient complaint of pain to justify an anæsthetic.

We allowed our patient to rest until night when we visited her again. Dr. Hamilton advised a more thorough dilatation at that time, and an effort to reach the fœtus and attempt to deliver. I advised waiting until the following morning, resolved then to do abdominal section, if there were no contra indications.

At an early hour in the morning of the 21st Mr. V. came in haste and excitement and said that there was something protruding from the "birth-place" three or four inches long. I was soon at the bedside and found it to be a loop of the prolapsed cord. I dispatched Mr. V. for Dr. Hamilton. The tumor had manifestly lessened, and had become one with the fundus. The neck of the womb was shortened,—the canal patulous, and by a little effort I was able to detect the feet and succeeded in delivering the fœtus before Dr. Hamilton's arrival.

In a short time after, he delivered the after-birth, which was evidently in the tube, which could be felt to contract, as the placenta passed out into the womb. The placenta showed extensive fatty degeneration. The fœtus was well formed and was five and a half inches in length, and of four month's gestation. The lady has made a slow but uneventful recovery.

She is tall but slight of build,—light compleixon and about twenty-five years of age, and has given birth to two children at full term—no miscarriages except the one here detailed. Her former pregnancies were entirely normal--no unusual distension on the right side, thus excluding the possibility of unicorn uterus.

There is now, and has been, for months, sugar in her urine, for which I am giving her Cleman's solution of bromide of arsenic, and have her on anti-diabetic diet.

I am not at this time disposed to go into the literature of this subject—which, by the way, is limited—farther than to call your attention to a paper published in one of our Texas medical journals, by the late Dr. Lowry, of San Antonio (see February No.

DANIEL'S TEXAS MEDICAL JOURNAL, 1890), in which he recites a similar case to mine, but which lacked confirmation of other observers, and, as you all remember, was not given much credence, either by editors or by the profession generally; chiefly because it was thought an impossibility. The probabilities are that it was a genuine case of tubo-intersticial pregnancy.

In "Thomas on Diseases of Women," p. 767, we read: "Speigelberg reports a case of an ovum advancing to maturity in the tube. Intersticial pregnancy is much less frequent and less dangerous than the variety just mentioned. It is much more likely to advance to full term, and while it may produce death by rupture and discharge into the peritoneum, it may, as in my fourteenth case, discharge into the uterus and be expelled through the natural passages.

"Dr. Lenox Hodge once succeeded in recognizing the existence of such a case at full term, cut through the layer of perenchyma which shut the fœtus off from the uterus, and conducted the case to a successful issue."

Dr. A. D. Rockwell, of New York, says in "American System of Obstetrics and Gynecology," Vol. 1, pp. 405 and 406: "That the destruction of fœtal life could be easily effected by electricity admitted of no doubt, but whether it was possible to do this, without, in any way injuring the mother, was a question that could be determined only by experimental effort. This opportunity was offered, some years ago, by a case in the practice of Dr. Charles McBurney, when the method was suggested by Dr. T. G. Thomas, and I was asked to superintend the operation.

"The case was one of tubo-intersticial pregnancy at the third month, and terminated favorably by the expulsion of the fœtus and placenta through the uterus. Subsequently, eleven other cases fell under my observation, all of which I submitted to similar treatment, and with results entirely satisfactory."

Thus it will be seen, from the above references to these eminent authorities that Dr. Lowry's case and my own were possible.

It is also a matter of legitimate inference that, as I used the battery in precisely the same manner as did Dr. Rockwell, without, however, the same purpose, that treatment may have occasioned the favorable termination of my case.

[Dr. Lowry's case was claimed to have reached full term, and the fœtus was not in the tube.—ED.]

For Daniel's Texas Medical Journal.

SMALLPOX—VACCINATION.

BY W. M. YANDELL, M. D., HEALTH PHYSICIAN, EL PASO, TEXAS.

The Brenham correspondent of the *Galveston News*, reports Dr. Rutherford, then State Health Officer, holding the opinion that vaccination is not a safeguard against smallpox. Whether or not Dr. Rutherford is correctly reported is not to the point. The bald fact remains that the then State Health Officer, supposed from his position to be well up in preventive medicine, has been reported in the leading newspaper in the State as holding such opinion; the harm has been done and a dozen corrections through the same paper will not undo it. El Paso, the largest city on the Mexican border, was the only one on the border not included in Gov. Ross' ill-advised, ill-timed and useless proclamation, which did the State incalculable damage, and the effect of vaccination both in preventing and modifying smallpox in this city is worth recording.

The first case of smallpox in the city for years, was reported December 14, 1889, and from that date until June, 1890, date of the last case during the year, there were thirty cases in all. Of these, fourteen were in persons never vaccinated at all, or never successfully vaccinated, and singularly enough, not one was discrete, but all of the confluent type. Seven of these fourteen died and seven recovered.

There were ten cases in persons vaccinated successfully but once, and one case in a woman who claimed to have been successfully vaccinated twice. All of these were varioloid, all recovered; most of them were not sick enough to go to bed after the eruption appeared, and, in fact, two were, when reported, walking about the streets not knowing what they had.

The other five cases were in Mexicans who crossed over to Mexico and I have no record of them.

Again: A woman and her two children went with her husband, who had confluent smallpox, to the smallpox hospital. She and the younger child had never before been vaccinated but were

successfully vaccinated after they had contracted the disease (as was shown by the fact that the primary fever in both made its appearance in seven days after the vaccination); both were of the confluent type, and both recovered, although she was seven months gone in pregnancy, and of course miscarried. That the successful vaccination modified the disease in each, I cannot of course prove, but my opinion is, that it did, though so late. The remarkable point remains to be stated: The other child had been attending the city public schools where the compulsory vaccination rule is strictly enforced, and had been successfully vaccinated some three months before. *He slept, ate and lived for over a month with the three others in all stages of the disease, and escaped.*

Another woman, with the most thoroughly marked case of varioloid that I had, carried three children with her to the smallpox hospital. They ate and slept in the same room with her, yet none of them contracted the disease, being protected by successful vaccination.

The hospital keeper waited on seventeen cases that were moved to the hospital. He was protected by a successful vaccination when a child and a successful re-vaccination two months before our first case. His two children, successfully vaccinated at the time of his re-vaccination, remained in the hospital, and none of them contracted the disease. His wife had smallpox when a child.

I attended eighteen of the cases, and saw others. I am a protected by a successful vaccination in infancy and successful re-vaccination at eighteen, and another when I was treating the second case, December, 1889. Of course I did not have the disease.

Few Mexican children, comparatively, are vaccinated in the town of Jaurez (formerly Paso del Norte), across the river from, and about the same size of this city. Fifty deaths from smallpox occurred there from October, 1889, to June, 1890, while during the same period in El Paso there were seven deaths from that disease. No record of the number of cases in Jaurez could be obtained as none is kept.

Under orders of the Board of Health of this city, I make a house to house inspection of the Mexican quarters every fall, and vaccinate, with the assistance of a policeman if necessary, as it

sometimes is, all children not protected by successful vaccination or by previous attacks of smallpox. The grown people have usually had smallpox, only a few being protected by vaccination. Numbers of the children who have come from Mexico have had the disease. I vaccinated over 250 children for the city the fall of 1889, and have vaccinated over 200 this season. With the school children vaccinated, with the children of the well-to-do vaccinated at their own expense, with the children of the poor vaccinated by the city, and with nearly all the adults of the town protected by vaccination (and previous smallpox among the Mexicans), we have not the material for a smallpox epidemic, consequently have escaped the disease, although it has prevailed in Southern New Mexico, within twenty miles or less of our city ever since it disappeared here.

When a case is reported to me it is allowed to remain at home if the house is sufficiently isolated, and the family will pay for guards day and night, until the termination of the case. No one but the medical attendant is allowed to enter and leave the house. On the termination of the case all bedding and clothing used by the patient are burned, and everything else about the house disinfected with a 1-500 bi-chloride of mercury solution, after which the rooms are closed tightly, and fumigated with roll sulphur, about eight or ten pounds to each 1000 cubic feet of space. My reliance is on the bi-chloride.

Except in the case of a boy who had such a light case of varioloid that no doctor was called, and whose sister contracted the disease from him through carelessness of parents, no one else contracted the disease from any of the cases embraced in this report (except the woman and child who went to the hospital with the husband).

All persons not in isolated houses and able to pay for guards, are sent to the smallpox hospital.

Of the thirty cases there were sixteen whites, six negroes, six Mexicans, and two Spaniards, who from their carelessness should be classed with the Mexicans. The population of El Paso is, whites, over 8000; Mexicans, over 2000; negroes, about 300.

Three cases were in non-residents who contracted the disease in Mexico, and a majority of the others were directly traceable

to that country. Ten of the number were directly traceable to gambling dens where Mexicans most do congregate.

Only a case or two was among the well-to-do population. Only one, varioloid, was in a school child, the one reported above as contracting it from her brother through carelessness of her parents. The maximum penalty for failing to report any contagious disease, is a fine of $100 and thirty days in jail. The careless father above mentioned was made to pay a fine for his failure to report his boy although the boy was well and on the street when I discovered him.

It is a mistake to suppose that a person who has been vaccinated a number of times unsuccessfully is not liable to smallpox. I lost a woman with confluent smallpox last year, who had been vaccinated unsuccessfully a number of times.

The record of the London smallpox hospital is fifty per cent. of deaths in confluent smallpox. I have not broken the record.

The ridiculous smallpox scare over the State, which received a fearful impetus from the Governor's proclamation, would be laughable if it were not so serious. If it is proposed to quarantine against smallpox no small army will be necessary on the Mexican border, as it prevails constantly somewhere in that country, and the Rio Grande is fordable anywhere on the northern border for several hundred miles about six months every year. Something may be done by intelligent inspection in the border towns, if the Mexicans can be induced to co-operate, much may be done; if vaccination is properly enforced all over Texas nothing more is necessary.

I have nothing to offer as to treatment, except to say that the following has proved remarkably efficacious in preventing the intolerable itching (and I believe pitting) of the disease:

℞ Acid salicylic, ʒ iijss.
Starch, ℥ jr.
Glycerine, ℥ jx.

M. Sig. Apply to hands, face, etc., with camel's hair brush as needed.

A milder form suitable for small children is:

℞ Salol, Starch, } *Equal parts.*
Glycerine q. s. to make a paste.

Apply as above.

The people should be taught that more than one successful vaccination is, as a rule, required to furnish perfect immunity from smallpox. In this city adults or children past puberty, with only one successful vaccination are the exception. Yet of the thousands who have had more than one successful vaccination only one was attacked last year, and that was a mild case of varioloid. Personally, I would not toss coppers for choice of immunity furnished by three successful vaccinations or by a previous attack of smallpox.

For Daniel's Texas Medical Journal.

SURGICAL CLINIC—MEMPHIS HOSPITAL MEDICAL COLLEGE.

Excision of Sup. Maxilla — Herniotomy — Perineal Section for Urethral Stricture.

CLINIC OF W. B. ROGERS, M. D., PROFESSOR OF SURGERY.

[Reported by J. H. Edgington, First Clinical Assistant.]

CASE I. Fibroid tumor of left sup. maxilla; excision. Patient, Hudson B., 14 years, male, black; presented a tumor of five years existence, but which had attained the greater part of its size within the past two years. The growth involved the left upper jaw, presenting a very great deformity, protruding at least three inches forward, while superiorly it pressed visibly upon the orbital fossa. The left nasal cavity was completely occluded and the oral cavity was so encroached on that the mastication of solid food was next to impossible. Several of the cuspids were scattered along the lower border of the tumor but all outline of the alveola had disappeared. It was noted that the canine tooth of that side was wanting, but the parent explained

that it had been extracted by the family physician. There was no ulcerated or inflamed patch visible. No pain was complained of, nor was there any tenderness detected, even on very firm pressure, made at numerous points. To the touch the tumor was extremely hard, impressing the idea that it was due to hypertrophy of the osseous tissue, probably brought about by an inverted tooth. There was no sign of a cyst in connection with the growth, hence it was pronounced a solid tumor, either osseous or fibrous in structure, probably the former. There was no glandular involvement nor other signs of malignity; the patient's general health good, hence excision of the mass was pronounced the proper operation.

Operation: Patient fully anæsthetized. Langenbeck's incision was made and flap turned back. Free hemorrhage necessitated the liberal use of hemostatic forceps. The bone forceps were then applied at floor of left nostril, cutting roof of mouth, and near inner angle of orbit but below the floor of that cavity, cutting the nasal process of sup. maxilla. At this juncture there was found a small crevice between the growth and malar bone, into which crevice a bone elevator was pressed and the tumor pried out, leaving behind the smooth surface of posterior wall of antrum, which limited the tumor, though pressed back well into pterygoid region. The floor of orbit was not removed, but the outer wall of nasal cavity had completely disappeared, leaving only the Schniderian membrane flapping in and out at each respiration. There was literally no blood supply to the tumor proper, which appeared to be a genuine simple fibroma, which had originated in the antrum and by pressure expanded that cavity and caused absorption of its walls. The cavity was packed with gauze and the flap replaced and held in situ by silk-worm gut sutures.

Ten days later the patient was sitting up and rapidly convalescing.

CASE II. Stricture of urethra—internal and external urethrotomy.

Patient, Ody T., 34 years, was sent from Mississippi for treatment of stricture. Examination with urethrometer showed urethra with calibre equal No. 20 American. Three inches from

meatus a stricture, calibre 10, while perineal urethra barely measured No. 6, American size, and was corded and hard to the touch externally. There were symptoms of an inflamed bladder; frequent desire to pass water, which contained some pus cells. There were no elements in the urine indicative of kidney implication. Boracic acid, five gr. every four hours, had been given for two days. Patient was anæsthetized, and Rogers' urethratome passed, bulb formed, and during withdrawal stricture in perineal urethra incised. A staff was then passed to bladder, patient put in lithotomy position and perineal section of full length of membranous urethra made. The stricture was thus divided its full length and a No. 20 sound was passed from meatus to bladder. Patient sent to bed.

Three days later a No. 20 sound was introduced without any trouble and one week later patient was sitting up and doing nicely.

CASE III. Inguinal hernia—sac filled with blood.

Operation:—Patient, Jake G., male, 37 years of age, general health always had been excellent. Had had well marked inguinal hernia of left side; the hernial mass had not extended into scrotum for years but had been fixed just in front of os pubis and irreducible for at least six years. Usually gave no trouble; did not attempt to wear any truss. Four weeks ago while lifting a firelog, felt a slight pain in hernia followed immediately by very great increase of size of hernia; apparently coming down and filling the scrotum to size of large cocoanut. No fever; no strangulation nor pain followed, nor was he very much inconvenienced by this sudden increase in size of hernia. Bowels moved regularly and he continued his daily work.

Examination showed a very hard tumor within the scrotum; irreducible, painless. The neck of the tumor was very dense; the body slightly elastic. There was flatness on percussion, the color of the skin—black—precluded translucency. It was argued that so sudden a formation of so large a hernia ought to have been followed by symptoms of strangulation. A hypodermic syringe was used to explore the elastic portion of the growth, and a syringe full of blood, dark, was drawn out. It was clearly a hemorrhage into the hernial sac.

An incision was made the full length of the tumor, and a pint of dark blood containing many clots poured out. The hernia proved omental, a large piece of which was impacted in the canal, where it had firmly grown, having doubtless been there for many years. It was explained that no better result in the way of a radical cure could be asked than the plugging by this large mass of omental tissue. The ends of the omental mass were ligatured and excised. A portion of the hernial sac was cut away; the remainder packed with gauze, wound dressed and patient sent to bed.

Two weeks later patient presented to class, wound healing nicely.

For Daniel's Texas Medical Journal.

THE DUTY OF TEXAS LEGISLATORS ON SANITATION.

BY O. EASTLAND, M. D., WICHITA FALLS.

SOME ONE has said that the medical profession of Texas expects much of the present legislature now in session at the capital; joined to which sentiment I wish to say this: they will not disappoint us if they can see the matter in its true light.

Sanitation in its broadest sense encompasses the regulation of the practice of medicine, for the competence or incompetence of those who are in charge of the health of the inhabitants of the State is a constant guard, or on the other hand, a menace to its welfare.

Previous legislatures have passed the subject lightly by, and to-day the statutes of the grandest, and in other things the most progressive State in the Union, stands a practical blank in this direction, so that whoever desires to assume the title, doctor, may do so with a full degree of assurance that none may molest; the ordinary citizen having nothing save the name and appearance, often deceptive, to guide him in the choice of medical counsel. Sanitation, in its more specific application, concerns itself with

those preventable diseases which are constantly interfering with the physiological state of the human organism.

Now, with these two aspects of the subject before us, let thought turn upon the mode of adjusting means to ends. Why in the past has this important subject been so neglected by our senators and representatives? The answer to this query, when put to the minds of all members of the medical fraternity who have given it serious thought, must be in unison and briefly, is this: Our senators and representatives have not appreciated its importance; they are not informed on the true inwardness of the subject. But you say they are intelligent men, jurists, statesmen, financiers, etc., as good as any State under the flag can boast; and all this I grant most freely and with due pride; but the barrier to a proper conception of the subject's importance and recognition is the financial point. Finance is the word which solves the problem, as my intercourse with legislators has proven. They are men who, with commendable zeal seek to save the public treasury of Texas every dollar they can, and when you say, "Board of Health," "Texas College of Physicians and Surgeons," and other suggestions of advanced medicine, they say at once, "I am interested in the matter you propose, but what does it cost?" Now, the duty of the medical profession to the Texas legislator is upon them; here is your opportunity to lay before them, upon a basis of dollars and cents, the advantages to the State, of such legislation, leaving entirely out of the question the humanitarian side.

We have indisputable statistics from States now having in operation just such sanitary regulations, etc., as we propose, and such States find it a good investment on the basis of the relative value to the State of a sick man and a well man. The statistics of these States show a certain number who were affected each year from certain preventable diseases before the enactment of sanitary laws, and a given number since; the difference being great; insomuch that the financiers who calculate the lost time of a sick man worth so much to the aggregate production of wealth then the time of others consumed in nursing and caring for the sick one, and they find the cost of maintaining such laws is more than repaid into their several State treasuries each year.

Is there any doubt in the mind of any member of the State profession as to the results of such a conception of the problem before us by our legislators?

A people must be educated; a nation's characteristics are formed by training and influence, and the several professions and various vocations are the sources looked to for education in each particular way, and it is ours to elucidate the needs of Texas in a sanitary way; make it plain on a basis of dollars, and then place on this the superincumbent weight of the humanitarian aspect of it, and the results will follow, when the minds of our legislators are so impressed by us.

Having laid down these facts, which are incontrovertible, can not each do a part toward giving them lodgment in the minds of our legislators, whose proper conception of the question will bear the fruit desired?

Having done with these thoughts, I hope to be pardoned for attempting a forecast of national medical laws, and government in medical research, in which, as a nation, we are as far behind some of the European powers as Texas is behind some of her sister States in State sanitation. My last summer's travel and study in Europe served to extract a good measure of national egotism from me, for, like most Americans, I boarded the trans-Atlantic steamer filled with the idea that we had at home the best of everything, except, possibly, our institutions of learning had not yet attained, by age, that plane of excellence which can only be gained by the mental toil and discipline of centuries. But when I came face to face with the results of Koch's researches at Berlin, under the direction of the German government, which has not been sparing in funds to enable him to devote the entire force of his well trained intellect in this channel, and it was a knowledge of this fact that electrified the thousands of listening ears at the International Medical Congress when he hinted at what has since been brought forward as one of the foremost discoveries of the age.

Another notable example, under wise provisions of the French government is found in Paris, where thousands of francs have been spent acquiring valuable ground in the heart of the city on

which has been built, at a cost of many more thousands of francs the Pasteur Institute for the treatment of hydrophobia. Its expensive laboratories and other complete equipments, stand as an enduring monument of the wisdom of the legislators of France, and Pasteur, in his ripe old age, sees from one hundred to one hundred and fifty daily, from all parts of Europe, come for the anti-hydrophobic inoculation which has reduced the death rate so decidedly.

It was when I had seen these things that my egotism vanished, and in this line of a progressive era the "stars and stripes" floated far back in the procession. In my chagrin I questioned: Why? The correct answer to which seems to be that our congressmen are not educated in the matter; but all absorbing questions, such as high and low tariff, silver coinage, election laws, etc., by the dozens; but it is only now and then when yellow fever on our southern coasts puts out its devastating hand, that they find any thought for the real foundation of national prosperity—the health of its inhabitants. There are other diseases quietly in progress all over these United States, which in the aggregate, destroy more life than these virulent epidemics, diseases which might be placed in check if only their natures were properly understood; but it cannot be expected of any individual member of the profession that he can lay aside, at a personal sacrifice, financially, his daily duties to study and investigate some germ of disease, its habitat, environments under which it multiplies most rapidly for interference with the health of the inhabitants of the land. But I shall see our congress follow the examples noted on the other continent, if only we shall demonstrate to its component elements the real value to the country of the expenditure of sums of money, however large, to enable careful and conscientious investigators to devote their entire cerebral force to one thing until it shall have been understood in its minutest detail.

The attainment of such an end is worthy of the most assiduous efforts of every member of the profession in the broad expanse of our Union.

For Daniel's Texas Medical Journal.

A CASE OF PLANTAR NEURITIS WITH RESECTION OF THE PLANTAR CUTANEOUS NERVE; RECOVERY.

BY T. J. BENNETT, M. D., AUSTIN, TEXAS.

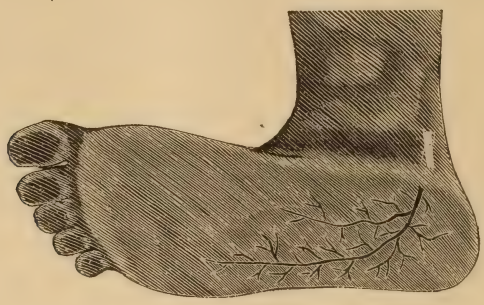
Read before the Austin District Medical Society, June 19, 1890.

THE PATIENT a negress, age about sixty years. Family history good. Sought advice for severe pains in the soles of the feet. An examination revealed tremendous callosities on the plantar surfaces of both feet,—that on the right being much the greater. This tissue, near the heel where it was thickest, was almost as hard as bone, and measured fully a quarter of an inch in depth. The greatest pain was located in the thickest part of the callous, and radiated along the nerve distributions, diminishing in severity towards the middle and phalangeal portion of the sole. The patient had suffered almost continuously, and at times excrutiatingly, for the last twelve or thirteen years.

The severset pains were felt in the evening, after the patient had been on her feet all day. No history of swelling of the feet, nor of gout, could be had. The patient had always been well, up to the first appearance of the present trouble. No relief, more than temporary, had ever been obtained from any treatment suggested.

Paring off the dense tissue and applying emolient dressings seemed to afford the greatest relief, but in a few days the callous had returned, and with it the pains, as severe as ever. The surface, after the compact tissue had been removed, was extremely sensitive and red, showing conclusively a local neuritis. The callous had incorporated the nerve filaments, and thus an inflammation had been produced, and the constant alternate pressure from walking had kept it up. What produced the callous was conjectural, though I may state that it has been a common observation to see the greater number of plantation negroes with immense callosities on the soles of their feet, due to their habit of going barefooted. This patient was reared on the farm, and it is very probable the horny layer of her sole was hypertrophied

from this cause, though she denies ever having gone a day without her shoes. Her story about the appearance of the callous was that it, and the pains came on simultaneously, and rather suddenly.



It occurred to me that a resection of the nerve supplying the integument and fascia would probably afford relief. The plantar cutaneous nerve is one of the terminal branches of the posterior tibial, and supplies the plantar surface of the heel with sensation. It perforates the internal annular ligament near the tendo-achillis to the os calcis on a line from its inner malleolus. The dissection was made at this point, and about half an inch of the nerve was cut away, as it emerged through the ligament. The wound was dressed antiseptically, and united by first intention. Relief was prompt and complete, and up to this time, about five months, there has been no return of the pain.

The operation was painless. About ten minims of a four per cent. solution of cocaine was injected into the tissues at the site of the proposed dissection, and then an Esmarch's bandage applied. The latter, I am satisfied, greatly assisted the cocaine in rendering the operation painless.

Removals.—Dr. Z. T. Bundy has removed from Waxahachie to Milford, Ellis county; Dr. W. B. Gibson has removed from Austin to Sherman; Dr. W. L. Cooke from San Marcos to Wimberley's Mill, Hays county; Dr. T. W. Styles from Paige to Stephensville; Dr. S. H. Weatherford from Georgetown to Taylor; Dr. C. Hamilton from Dial, to Rome, Ga.

Selections.

CARLSBAD WATER AND THE SPRUDEL SALT.

A CLINICAL STUDY, BY WILLIAM F. HUTCHINSON, M. D., PROVIDENCE, R. I.

In the north-west corner of Bohemia, some two thousand feet above the level of the sea, there lies a little hill town that climbs up sharply rising terraces on both sides of a swift mountain stream that is called the Tepl.

It nestles from passing sight in the heart of great forests of pine and beech trees, and is full of legends of knights and ladies fair, that have been visitors to its valley for six hundred years or more.

With but 12,000 of its own residents, it has a population of 30,000 every summer, the others coming from all parts of the world to avail themselves of its wonderful waters, that are so gifted with healing power.

These springs of Carlsbad are now so well and widely known throughout the civilized world and have attained such a high reputation everywhere that any extended description is not needed, and if it were, may readily be obtained from better pens than mine.

This paper is intended to call the attention of the profession to a few case records that I have collected from the mass that have accumulated during thirty years of constant use of these waters and their salts for a variety of diseases.

There is nothing more certain than that to obtain the best results from the therapeutic use of medical waters, they must be taken at the spot whence they emerge from the earth, where their administration can be controlled by the experience of resident physicians, and where Nature's forces of seclusion, rest and pure air are free to act as potent auxiliaries.

But for all the world, this is not possible; and, were the good that is done every year by the waters of these famous fountains

alone, confined to sufferers who are fortunate enough to reach their home, great as that aggregate number is, only a small part of the large army of invalids that blesses their healing powers would ever have heard of them.

After comparing the effects of Carlsbad waters at the springs with those obtained from the same when taken at home in America, I am convinced that the only loss they sustain in removal, is that they do not bring in their neat bottles, the air and regime of the Bohemian mountain spa.

So much of the latter as concerns exercise, at least, may be followed anywhere; and I venture to say a few words about that.

Free movement is one of the principal conditions necessary, particularly for those whose sickness was originally chiefly caused by a sedentary life. Suitable muscular activity as directed by the family physician, promotes the excretion of decomposition products accumulated in the body by prolonged inactivity. Exercise, such as walking, out-door games, etc., must be moderate and selected for each case, and may readily be overdone. But when the patient's condition demands rest and confinement to bed, the waters are still of equal value, only they must be given in smaller doses.

Diet should be restricted while they are being taken, to non-nitrogenous foods, its daily quantity lessened, and the use of alcoholic stimulants prohibited. If digestion is disturbed, a little extract of malt may be administered with each meal. Diabitics, who are forbidden starches, will find an agreeable and effective substitue for wheat bread in the almond bread of Prof. Seegen, the formula for which is as follows:

Pound in a stone mortar, four ounces of blanched Jordan almonds to a smooth powder. Put this in a linen bag and boil for fifteen minutes. Mix thoroughly with three ounces of butter and two eggs, add the yolks of two more eggs with a little salt and beat well. The whites of three more eggs, beaten to a stiff foam, are next to be beaten into the dough and when formed into biscuits, they are to baked until well done in a slow oven.

Carlsbad waters are odorless, palatable and free from color, with a faint saline taste and never produce nausea, Even when taken in considerable quantities they produce no diarrhœa or feel-

ing of discomfort. I once drank six tumblers within an hour without the slightest unpleasant effects.

They act directly upon the mucous membrane of the stomach and alimentary canal, and secondary as a powerful alterative; soothing irritated surfaces reached and changing blood from acid to alkaline re-action. During this process, all calculi of the former kind, whether biliary or cystic, are steadily dissolved, gouty concretions softened and placed in condition for absorption, and rheumatic deposits in muscles are removed. In diabetes mellitus, Carlsbad waters have long been considered as exercising a powerful curative influence, and I have personally known of cures made at the springs where other forms of treatment have failed.

Since the use of these waters and the Sprudel salt that goes with them is, in America, mainly confined to these two forms of disease, I shall cite only cases which are of one or the other class.

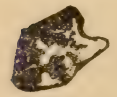
Case 1. A. B., physician, aged thirty-five years, of healthy parentage and a fine physique, had been systematically doing two men's work for several years in spite of all sort of protest from family and friends.

Some five years ago, present date 1890, he began to show signs of exhaustion and nervous tire, but still continued work of the most exposed character and fatiguing description, until the spring of 1886, when he was persuaded to take a trip to Europe for rest. While in England he visited Brighton, where he remained for several weeks taking the waters and baths; was there attacked by nephritic colic attended with excruciating pains of the severest description, accompanied with passage of several small stones.

Four months after his return Dr. B. consulted me, and I at once put him upon Carlsbad water as previously suggested, adding a prescription of my own which I have found to act well at a distance from the springs. It is hot Carlsbad baths daily at a temperature of 150° F. for ten minutes each time. These baths are made by adding eight ounces of Sprudel salt to an ordinary bath-tub of water, gradually increasing temperature until the desired heat is reached, and should be taken night and morning. Another and effective way of giving these baths is by means of

vapor. The patient, nude, except for a loose blanket covering stool and person to the neck, is seated on a perforated stool, under which a shallow pan of Carlsbad previously saturated with Sprudel salt is slowly boiled away. Profuse perspiration follows and a rapid absorption of elements of the water as they are in turn volatilised, complete vaporisation being insured by combustion of the dry residue left after water has disappeared.

After a month of this treatment, Dr. B. passed a large number of calculi per urethram, and drawings were made of two of the largest which are here reproduced. All gouty symptoms disappeared at the same time; a recent clinical examination showed him free from uric acid urine and calculi, and his general health improved after the course.



Case 2. Mrs. S., of middle age and healthy family. For several years she had suffered with gouty rheumatism and slowly increasing concreations in finger joints, which were steadily growing and causing loss of motion. She was at last attacked by arthritic neuralgia, for which she consulted me and I found her system charged with uric acid.

I was unable to learn that any calculi had been voided, although all urine was loaded with brick dust and a copious deposit fell from a beaker full kept over night.

Mrs. S. was at once placed upon a course of Carlsbad water and the steam baths of Sprudel salt solution. Six tumblers of the water were ordered to be drank each day with a twenty minute bath morning and evening. Localized galvanism, descending nerve current, was administed for her neuralgia, which soon subsided.

After forty baths a distinct relaxation of solidity in the gouty concretions was noticed, and they began to disappear. The neuralgia was relieved after a week. In two months all joints were normal and clinical tests demonstrated absence of uric acid.

Baths were abandoned and doses of Sprudel salt ordered occasionally to keep the bowels soluble.

A year has now passed since treatment was finished and Mrs. S. continues in good health.

Case 3. A. Y., man, aged forty-five, resident of Newport,

R. I. Five years ago, contracted acute rheumatism from exposure, which finally became chronic from poor care and constant, necessary, hard work in a damp locality. Treatment was commenced a year ago, at which time the entire system was charged with uric acid. There was copious brick dust urinary deposits, concretions in finger joints, firm contractions of forearm muscles, "main-ewgriffe" and great weakness. In short, a more unpromising subject would be hard to find.

It was an evident fact that nothing could be done for the diseased condition until the man was placed in a more favorable condition, and by persistent effort he was secured admission into one of the charitable institutions of the State, where he was well fed and comfortably housed, with an opportunity for all needful medical care later.

When he began to grow strong, and show some signs of desire to live, he was placed on the Carlsbad water cure, steam bath plan. For the first two weeks no water was given internally, and but one bath a day, with plentiful nourishment.

On the fifteenth day he was given four half pint tumblers of Carlsbad water at a temperature of 100° F., which being well borne, were increased to six daily within another week, and the baths doubled.

Improvement followed the fourth week, and the water cure was suspended for a month, to allow nourishment to be pushed, when it was again resumed and continued for a month. With these intervals for rest, the Carlsbad treatment was followed a year, with the comfortable result of restoring Mr. Y. to such comparative health that he is able to do light work and be of some productive value in the world.

Case 4. Mr. G., aged fifty, independent gentleman, residence Providence, R. I., consulted me in 1889 for gout of the sub-acute form.

Digestion had become seriously impaired, and pain of a nagging kind was scarcely ever absent from the legs and feet.

Fever ran quite high every night, and the urine was loaded with particles of gravel, none large enough to cause serious interference with micturation, but all, when placed under the

microscope, of sufficient size and sharpness of angles to account for the irritation that was present in the urethra.

Mr. G. came to me to be treated for nervous exhaustion, but upon making the necessary examination I decided that the exhaustion was dependent entirely upon his gouty condition, and placed him upon the treatment by Carlsbad water and Sprudel bath. He was forbidden the use of wines and stimulating food, and given a sufficient quantity of Sprudel salts each morning to insure a free evacuation of the bowels. No tonics were ordered, and he was directed to abstain from all exercise. The diet list was brought down to the simplest possible food, and his hours of eating changed from breakfast at eleven and dinner at eight, to those usually customary in America. After a week of this functional rest he was directed to take three tumblers of the water, slowly, at six o'clock, eight o'clock, and ten o'clock in the morning; at eleven a vapor bath was administered, and two hours rest followed, and a light breakfast of farinaceous food. A carriage ride of an hour or two occupied the greater part of the afternoon, and after a light nourishing dinner at six o'clock he was ordered to retire to bed and retain a recumbent posture until five the next morning; at that hour massage was administered thoroughly, followed by a tumbler of hot milk. This regime was continued for five weeks, at the expiration of which time a careful examination was made of blood and urine without finding any trace whatever of uric acid. His gout had disappeared, and the joints of the toes, which had commenced to enlarge, became flexible, and began to diminish in size. He was then permitted to add to his diet, lean meat of any kind and claret wine. The one tonic employed was general faradization a half hour daily. His condition promptly improved, and in one year after the cessation of all treatment, Mr. G. was in the most vigorous possible health, and made a long visit to Europe, whence he returned, I regret to say, in about the same condition as when he first consulted me, with the exception that there were then actual attacks of gravel, and I found that he had passed two or three well-formed uric acid calculi. I placed him at once upon the same treatment as before, with the same gratifying result, and am under the impression that a repetition will be necessary

as often as cure is attained. The case, however, is one which shows in the strongest possible light, the remarkable and rapid gain in these conditions from the use of Carlsbad water and Sprudel salt.

Case 5. Mrs. E., aged thirty-seven, American, came to me in October of last year for a nervous trouble, supposed to be reflex from irritated ovaries, and probably salpingitis. She was anæmic, nervous to a very high degree, with capricious appetite, and with all of the secretions in an abnormal condition.

She had used opiates to a considerable degree, and was fast becoming addicted to its use.

A careful examination failed to reveal any great amount of trouble of the ovaries or tubes, and what was present was diagnosed as being of a reflex character, as well as all of her abdominal pains. A careful examination of the water showed a remarkable excess of uric acid, and was loaded down with brick dust deposit. A carefully selected diet, general faradization every day, taking away of all opiates, plenty of regular exercise, together with three goblets of Carlsbad water every day, supplemented with a dose of Sprudel salts every morning to keep the bowels soluble and regular, completed a perfect cure in three months time. She is now wholly well and hearty, and seven months pregnant.

It would not be difficult to multiply cases, but these five seem to me so fairly illustrative of the use and worth of these waters when far from the place where bottled and so good a showing of my methods of using them in vapor, that I submit them without further remark.—*N. E. Medical Monthly.*

HINTS IN GYNECOLOGICAL PRACTICE.

BY M. YARNALL, M. D., ST. LOUIS.

In all great communities the practice of medicine drifts towards specialties.

Practitioners obtaining a reputation in any particular department or line of practice confine themselves, sooner or later, to it; unfortunately the specialist in many instances devotes himself to

local treatment, forgetting the general condition; particularly is this true of those educated as specialists.

On the other hand, the general practitioner, on undertaking a specialty, often ignores, to a greater or less degree, topical treatment.

However, at the present time a broader view is gradually being manifested, and the general as well as the local condition is being considered.

Perhaps in no department has more controversy been found than in gynecology.

It is probable that menstruation and its irregularities will never be controlled to the same extent as are the bowels and their functions, and the difficulty in finding drugs that would influence the uterine system in a like manner has induced practitioners to ignore general treatment, which in the majority of cases is more essential than local.

In a system of organs where a multitude of functional activities are so delicately adjusted as in the case of the female generative system, a destruction of equilibrium may be determined by a variety of exciting causes; the exalted nervous sensibilities in females of the more enlightened nations have tended greatly to develope the neuræsthenia of uterine diseases.

A large proportion of these reflex disorders occurs during or immediately after puberty, and may exhibit peculiarities indicating serious systemic disturbances, and some are so intimately associated with these organs as to be cured by remedies directed to them, both general and local. Insomnia, headache, neuralgia, hysteria in its various forms, and numerous other ailments, have been repeatedly shown to have their origin in the sexual organs.

The pathological conditions of morbid uterus modify the process of organic life, and through the sympathetic nervous system by direct or reflex action control, in a manner, the process of assimilation.

There can be no question that inanition is a most important cause of uterine disease, and we usually observe associated with, and often caused by, this chronic starvation, general condition of neurasthenia and debility. With the debility comes an undue softening of all the muscles of the body, including the uterus;

and with the neurasthenia there are aches and pains in all the important nerve centers. Whether we call it a want of nervous tone, inanition, or undue softness, it makes but slight difference; the question is, what treatment shall be adopted?

Constipation is almost universally present in women, and it deserves special consideration in treating all uterine disorders; the nervous system must be cared for, and bad habits of whatever nature corrected as far as possible.

Pain being the prominent symptom in most uterine troubles, and remedies being at hand and reliable, the indications are clear and the treatment simple. In execution, however, it is not a simple problem; immediate relief is not alone to be considered. If opiates be resorted to for frequently recurring pain, a habit will soon be formed that is no less a calamity than the disease. While, therefore, opium and its preparations are reliable remedies, and in many cases indispensable, they should be administered as seldom and as sparingly as possible.

In all cases of uterine trouble the necessity for a thorough examination is apparent. By touch, single or bimanual, by the speculum, and by the uterine sound, the condition of all the pelvic organs should be investigated. Such an examination is often as valuable for its negative as for its positive results, and no practitioner fulfills his duty to his patient or is just to himself who treats any case of uterine trouble for any length of time without making such examination.

But the principal treatment in the majority of uterine cases is the tonic treatment. They may be hæmatic, stomachic and nervous—either or all. Iron stands at the head of the list. It is not only an hæmatic, and in proper conditions a promoter of digestion, but it decidedly augments pelvic congestion, and therefore has an emmenagogue effect. The forms at command are so numerous as to meet the requirements of any case, yet the old fashioned muriated tincture of iron is still perhaps unsurpassed when borne without discomfort. With iron may be combined nux vomica or strychnia and quinine, and in our country, in a large section of which malaria is such a constantly acting depressant, the latter may be given with a free hand.

Uterine disturbances, for the sake of distinction, are divided

into different classes, yet they, to a great extent, are dependent upon the same cause, uterine inertia.

Amenorrhœa, except in cases of congenital atresia, dysmenorrhœa, both congestive, neuralgic and membranous, although the obstructive form may require surgical interference.

Menorrhagia, where it is not dependent upon other than uterine troubles, displacements, polypi, and fibrous growths; and abortions, unless due to some specific taint, each and all may be greatly benefited by a judicious tonic treatment.

Viburnum prunifolium has long been noted for its beneficen effect on the uterine system. With this as a basis, the combination entitled Dioviburnia has earned for itself an enviable reputation. With it may be combined any of the remedial agents calculated to meet special indications. As a uterine tonic it is in itself unequaled. It not only aids digestion and strengthens the general system, but directs its action especially to the uterus and its appendages, restoring the relaxed condition that superinduces leucorrhœa, displacements, etc., and mollifying the aches and pains, and the various and complicated nervous manifestations that are so distressing in all cases of uterine troubles.

Too much cannot be said of the judicious use of electricity, which is applicable to such a variety of disorders.

It is scarcely in the province of this paper to enter into details; it may be said, however, that its use is beneficial in connection with almost any rational course of treatment that may be adopted.

1501 Washington Avenue.

Society Notes.

Another.—The Panhandle Medical Society was organized at Vernon, on the 24th inst. Particulars in next issue.

Special Attention.—The Austin District Medical Society will hold its next regular quarterly meeting in Austin on the 3rd Thursday, 19th day of March. Delegates to the Waco meeting

of the State Association (April 28) will be elected at this meeting. A splendid programme has been prepared. Be sure to attend.

The United States Medical Practitioners Protective Alliance is the name of an organization of which Dr. J. H. DeWolff, of Baltimore, is the founder. Dr. W. H. Crim, of ——— is President, and Dr. J. F. Davison, of Glendola, N. J., is Secretary. The admittance fee is $3, and annual dues $2. The object of the association is, "to maintain organized co-operation amongst practicing physicians who are legally qualified to practice in their respective States, etc., for the purpose of protecting practitioners from the abuse of dispensaries that treat free those who are able to pay; from unjust competition caused by short term, quick graduating and inferior medical colleges; to endeavor to promote the passage of just and equitable laws regulating the practice of medicine," etc. Address the Secretary.

WACO, TEXAS, January 15, 1891.

The next meeting of the Central Texas Medical Association will take place Tuesday, April 14, 1891, for which the following programme has been appointed:

1. "Puerperal Pelvic Peritonitis."—By Dr. H. C. Ghent; discussion to be opened by Drs. Douglas, Harris and J. M. Frazier.

2. "Anodynes and How to Use Them."—By Dr. S. D. Davison; discussion to be opened by Drs. W. W. Wilkes and J. T. Valliant.

3. "Eczema."—By Dr. N. A. Olive; discussion to be opened by Drs. W. B. Carpenter and J. E. Brown.

4. "Pulmonary Tuberculosis."—By Dr. M. D. Knox; discussion opened by Drs. H. L. Taylor and S. V. Wagner.

5. "Treatment of Fractures of the Long Bones."—By Dr. H. W. Brown; discussion to be opened by Drs. W. C. Blalock and A. M. Curtis.

Volunteer papers and reports of cases are cordially invited.

DANIEL PARKER, President.

W. O. WILKES, Secretary.

The following letter has been issued from the office of the Secretary of the Texas State Medical Association:

TEXAS STATE MEDICAL ASSOCIATION,
EXECUTIVE OFFICE, FORT WORTH, Feb. 8, '91.

Dear Doctor: The 23rd annual meeting of our Association wild be held at Waco on the 4th Tuesday (28th day) of April next, and remain in session four days.

Waco, the central city of the State, with its beautiful location, admirable railroad facilities, flowing wells of pure water, and hospitable inhabitants, is a fit place for such a meeting. The city has invited us as its guests, and her known reputation for hospitality is a guarantee that everything possible will be done to make our visit pleasant and profitalbe. The time of meeting will be the loveliest season of the year.

Many subjects of great importance will be discussed by some of the brightest physicians of Texas. No live members of the profession can afford to be absent. The committee of arrangements will make the best possible rates with railroads and hotels.

We not only earnestly entreat you to give us the pleasure of your association and the benefit of your experience and intellect, but sincerely hope that you will make an extra effort to bring as many regular physicians as possible with you. Let no ordinary obstacle keep you away. We are proud of our organization now, which is respectable and respected for its numbers and intelligence, and we can still greatly improve it by inducing other bright physicians to join it, and by thorough discussion of new themes.

With pleasant anticipations of meeting you at Waco, believe me, Sincerely yours,

Official: W. P. BURTS, M. D., President

F. E. DANIEL, M. D., Secretary.

C. M. Ramsdell, A. M., M. D., of Lampasas, has been elected President of the Alliance University at Marble Falls. Dr. Ramsdell is a prominent member of the Texas State Medical Association, and ex-chairman of Section on Surgery. While congratulating him upon the honor conferred upon him, we regret his retirement from the practice of a profession to which he is an ornament.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

PUBLIC HEALTH, PUBLIC WEALTH.

Away back in the centuries, when civilization was young, man recognized the importance to the community, of health. The idea crystalized into the now trite saying: "Public health is public wealth." Later, with the Romans, it became the "supreme law;" the feeble and decrepit offspring were put to death.

In 18—, Dr. Farr compiled statistics, showing the number of deaths from causes which were attributable to neglect of hygiene, upon which such reforms were at once instituted by Parliament (the celebrated and first health bill), as resulted in adding two and half years to the life of every man, woman and child in the kingdom of Great Britain; it affected the price of annuities and lowered the cost of life insurance.

That the intelligent citizens who are sent to the capital to make laws for Texas, are not totally ignorant of the importance of public health, nor totally indifferent to it, but must recognize it as the basis and foundation of public wealth, and the prosperity of the State, is evidenced by the existence of our very excellent quarantine law. This shows that they have tried to meet the emergency. But, as Dr. Eastland has pointed out in his excellent paper in this issue, they do not fully comprehend its impor-

tance, and are not acquainted with all the sources of danger which threaten us. So long as the gifted Swearingen is at the helm and our majestic and brainy Governor stands at the bridge, in command, the "ship of State" is safe from invasions of epidemic disease. But we may say, this is only one, and a minor danger;—vaccination is a sure safe-guard against small-pox, and nearly all other diseases can be controlled by proper management.

But there is a danger—greater, ten fold, than this, than these, —than all others; the danger of being murdered with entire impunity by the ignorant "Doctor." The practice of medicine should, by this Legislature, be restricted to the hands of those who can show to a legal authority that they have received such education and training as to fit them for the exercise of the grave and dangerous privilege. There is no quarantine that will keep out the Quack; fumigation and disinfectants are equally powerless, while there is no such thing as vaccinnating against him. There is no "Koch's curative lymph" that will avail against his ignorance, nor will "Pasteur's plan" prevent what is worse than rabies—the legal slaughter of the innocents at the hands of the smooth and plausible, but very incompetent self-styled "Doctor." The people. as we have often said, have no way of discriminating. How can they know the competent from the incompetent? Nothing but a severe examination at the hands of those who are honest and able, will ever separate the chaff from the wheat in the heterogeneous mass known as "the medical profession."

The Legislatures have carefully thrown around property every safeguard that words and wisdom can devise; they have provided laws to punish all other classes of people who take life, intentionally or otherwise;—even an engineer is held responsible for the lives of his cargo of living freight. A bill recently introduced assures the protection of live stock from epidemic diseases, and protects "the health of the horse, mule, ass and other stock;" and hereafter the much maligned town cow can lie down in our shrubbery beds, and chew the cud of content with a proud consciousness of being under the *ægis* of the sanitary laws of Texas, —an object of solicitude. Surely,—it must be an oversight,—something unintentional,—accident, rather than design,—that there is not on the statute books of Texas, a single provision for

the protectection of the health of the *people*,—the tax-payers. and our loved and helpless families—save that relating to quarantine! Dr. Eastland has shown that, looked at from a money standpoint, a live is worth saving. Let us take a noble view of it, and enact laws to save lives—for their own sake—for humanity's sake, and the love of God. The bill to suppress quackery, now before the Senate, is backed by a petition from the people,—bearing fifteen thousand signatures,—and had opportunity offered, fifty or a hundred thousand could have been procured. Surely, the Legislature will not ignore it.

That "public health is public wealth," needs no demonstration; it has been demonstrated in all ages and in all countries. And it is a great mistake to suppose that doctors,—physicians, we mean,—thrive best where there is much sickness. The most prosperous physicians are those who live in the healthiest, and therefore the most prosperous communities. The bill to suppress quackery is a sanitary law, in as much as its object is the protection of the lives of the people from a secret and deadly danger, —one against which all other agencies are alike powerless. Every consideration of interest, economy, justice and humanity demands that a safeguard be thrown around the people to protect them against the ignorant and unscrupulous self-styled doctor, who, like Pope's fool, will "rush where angels dare not tread," and is, practically, licensed to take life, and does so with impunity. He is responsible to no tribunal,—not even to a conscience.

But this is not all that is needed: It is high time that the great State of Texas, so progressive in all else, should be applying the principles of State Medicine—that grandest of conceptions—the application of medical knowledge in the aggregate to the preservation of the public health; in a word, public sanitation. We need, and should have, by all means, a State Board of Health, in addition to our quarantine laws—a body representing the State, and a part of its government, whose duty should be a general supervision of the public health, to protect it from dangers of all kinds. We have enumerated only a few of them. There is danger lurking in every box and package of patent medicine, and in many articles of food of daily consumption.

Adulteration to cheapen, and thus increase profit, is practiced to the point not only of injuring health, but of destroying life, in many articles of prime necessity. This should be remedied. And, in order that further reforms may be instituted from time to time, it is necessary that a careful and correct record should be kept of every death and its cause. It is well known that the majority of deaths are from causes easily preventable. Registration of births, etc., should be provided for, for obvious reasons. As Dr. Cupples says, there is no record of any of our departed ever having been born, and after a generation or two passes away, there will be no evidence that they ever lived.

All happiness is built on wealth and prosperity; and health is the *sine qua non* of both.

THE MEDICAL BILL.

The bill to regulate the practice of medicine in Texas, prepared by the committee on legislation of the Texas State Medical Association, and now before the Senate, provides for a Board of Medical Examiners of nine, of whom one shall be a homeopath, and one an eclectic. The board is to meet at Austin, semi-annually, and hereafter all persons essaying to practice medicine or surgery,—diploma or no diploma,—are to be examined. Thus, it will be seen, that it does not interfere with any one now practicing who has complied with any law on the subject, now or heretofore in existence.

When the House Committee on Public Health met, early in January, and considered the "Pope bill," and others, (before this bill had been introduced,) a homeopathic representation presented themselves, armed with the usual protest, and on the Pope bill being read, they fired into it, under the impression that it was the bill from the Texas State Medical Association. In their protest they said, "The administration of our remedies is harmless,—why can they not let us alone—leave us out?" The Association's committee took them at their word, and introduced a clause which exempts from examination all who practice homeopathy exclusively, *i. e.*, adheres to *similia similabus*, and infinitesimal doses. This should disarm all opposition, as they

have asked for it; but it is a trap into which they have unwittingly fallen, for, as is well known, the great majority of those who call themselves homeopaths, do not hesitate to practice, or attempt to practice, what they call "allopathy," when their "little truck" makes no impression—*i. e.*, in grave cases; and nearly or quite all of them use the hypodermic syringe. Hence, should the bill pass, it would seem that these gentlemen would be confined to their legitimate sphere, the practice of a harmless "pathy," and when they deviate from it, would be amenable to the law. But how about surgery and obstetrics? We cannot comprehend the idea of homeopathic surgery; yet they have colleges in which surgery is taught, and they all essay to practice it. It does seem to us that, claiming, as they do, the equality of their colleges with any in the land, and surgery and obstetric being taught alike in all, they should be exempted from examination only on practice, and that there would be no need of a representative on the board. We doubt the wisdom of the step taken.

There are less than one hundred homeopaths in Texas, all told, not enough to make a fuss about, yet they have the assurance to ask for equal representation in all government medical affairs.

The title of the bill is unfortunate. It is not a bill to regulate the practice, but to prohibit the indiscriminate practic of medicine, or, to restrict it to the hands of those who can give evidence of qualification for the privilege; a bill, in short, to prevent quackery. The word "regulate" carries with it the idea of "control" by the State, or by the socalled "allopaths," and no doubt has caused much of the opposition from the other so-called "schools;"—for they are, or pretend to be, as much opposed to quackery as any one. Were the title changed, as suggested, there would seem to be no grounds of opposition.

In the house the bill will have the support of a number of sensible and liberal minded physician-members, and there are strong grounds to hope for its passage in some form that will compas the end sought—prevent the ignorant from tampering with the lives and health of the people.

Numerous other bills have been introduced,—so many, in fact,

that we cannot even give a synopsis of them. Dr. Tally's bill, creating a State Board of Health, and making the State Health Officer president of it, is now before the Senate. The bill abolishes the office of State Health Officer. Dr. Cunningham's bill calls for a Board of Health in each county, and defines its duties. The T. S. M. A. Committee have introduced no bill for a Board of Health, nor has the special committee to procure a Board of Health,—appointed at the Fort Worth meeting last April, upon the recommendation of retiring President Swearingen,—been heard from. The President, Dr. Burts, appointed Dr. A. M. Douglass as chairman of that committee, with power to name his four associates, but to date nothing has been heard from Dr. Douglass.

Dr. John Preston, the new superintendent of the State Lunatic Asylum at Terrell, was born in Washington county, Va., July 12, 1851; was educated by private teachers; afterwards at Georgetown college; received medical education at the University of Virginia in 1872-3, and at Bellevue, New York, in 1873-4, graduating at each. He was offered the appointment of assistant physician in the New York Insane Asylum on Blackwell's Island just after graduating at Bellevue, but declined, and entered on the practice of his profession at Aldie, Va. Remained there six months, and removed to Texas, and located at Seguin. Returned to Virginia and located near Bristol. In 1878 returned to Seguin, and built up a good practice. February, 1886, was appointed First Assistant Physician of the State Lunatic Asylum. Resigned in September, 1890, and entered upon general practice at San Antonio. Elected Superintendent of the North Texas Insane Asylum February 10, 1891.

Dr. Preston is a member and ex-President of the Travis County Medical Society, Austin; member of the District Medical Association, State Medical Association, West Texas Medical Society, and is chairman of the Section on Psychology in the State Association for the present session.

Dr. W. W. Reeves, the new superintendent of the Texas State Lunatic Asylum at Austin, is a native of Virginia. He is

the son of Geo. W. and Caroline Reeves, Americans, and was born June 23, 1847. Received his education at Jefferson High School; studied medicine at Creston, Ash county, N. C., with Dr. J. O. Wilcox; attended lectures at Baltimore and Philadelphia in 1866 and 1869, and again in 1879, graduating that year at Baltimore. He came to Texas in 1870, and located at Cedar Grove. Here he resided till 1874, when he went to Will's Point, VanZandt county. He practiced there continuously, till he was honored by the governor with the appointment of superintendent of the State Lunatic Asylum. He is perhaps the youngest man ever appointed to this responsible position.

Dr. Reeves is a member of the Texas State Medical Association, and at this writing, February, '91, is one of the vice-presidents. He has been for several years a member and secretary of the Board of Medical Examiners for the Seventh Judicial District, and has also been, during the time, surgeon of the Texas and Pacific railroad. He has been twice married. His first wife was Miss Cora A. Horton. His present wife, to whom he was married in 1879, was Miss Margaret Knotzsch. They have three children.

Medical News and Miscellany.

Dr. J. B. Rainey, of Gilmer, Texas, died Dec. 11.

You may know how hard anything is hit (a snake for instance) by the way it *squirms*. See?

Dr. F. E. Young, of Brownwood, has gone to New York to attend the Polyclinic; thence he will go to Berlin, in May or June, to attend the great clinics.

Libel Suit.—A Mr. Ready, of Bonham, has instituted suit against the Health Journal Publishing Company, at Dallas—Drs. J. R. Briggs and A. M. Elmore—for libel and damages, fixing the latter at $15,000.

Dr. C. F. Paine, Comanche, Chairman Section on Gynecology, Texas State Medical Association, requests us to say that he solicits papers for his Section, for the Waco meeting. Address him, or Dr. F. E. Young, Secretary, Brownwood.

Dr. T. J. Wagley, of Cleburne, Texas, has just returned from an extended tour through Europe. He attended the Tenth International Medical Congress at Berlin last August, and since that time has put in his time at the several great medical centers.

Death of Dr. Terhune.—The JOURNAL is pained to hear of the death of Dr. A. A. Terhune, sr., of Jefferson, Texas. He was one of the pioneer physicians of East Texas, and an old member of the State Medical Association. Particulars of his death are not learned at time of going to press.

Dr. Geo. Cupples, Chairman of the Committee on Medical Legislation T. S. M. A., has been very ill with pneumonia at his home in San Antonio, and at present, Feb. 19, he is barely convalescent. His numerous friends will join the JOURNAL in the hope that he will be spared many more years of usefulness to his fellow-men and to the medical profession.

Injured Innocence.—

"As vonce I valked by a dismal swamp
There sot an old cove in the dark and damp,
And at everybody as passed that road
A stick or a stone this old cove throwed;
And venever he flung his stick or his stone
He'd set up a song of "Let me alone."

Did any one see an 'old cove' at the Ft. Worth meeting throwing stones at anybody? And who *now* wants to be "let alone?"

Quarantine Appointments.—The following officers have been appointed by State Health Officer Swearingen:

Coast stations—A. N. Perkins, M. D., Sabine Pass; W. F. Blunt, M. D., Galveston; E. S. Weiseger, M. D., Velasco;

Thomas G. Duncan, M. D., Pass Cavallo; J. W. Irion, M. D., Aransas Pass; Arthus S. Wolff, M. D., Brazos Santiago.

Rio Grande inspecting stations—Fred J. Combe, M. D., Brownsville; Thomas J. Turpin, M. D., Laredo; W. M. Yandell, M. D., El Paso.

The Marion-Sims Medical College.—The new candidate for honors at the hands of the medical profession and for a share of the Texas patronage, has a full page advertisement in this issue. By reference to it the faculty will be seen to be composed of many of the ablest and best known medical men of the West—men who have become identified with their respective branches, and whose ability is universally recognized. The College starts off with great eclat, and opens the campaign under the most favorable auspices. Write to Dr. Y. D. Bond for a catalogue and mention the JOURNAL. If you have a student to send there, give him a letter to Dr. Love and to Dr. Bond, and the JOURNAL will guarantee a cordial reception and ample satisfaction.

Asylum Appointments.—Dr. Reeves, Superintendent of the (Austin) Lunatic Asylum has appointed Dr. B. M. Worsham, of Waxahachie, first, and Dr. T. O. Maxwell, of Travis county, second assistant physician at the asylum.

Dr. Dorset, late superintendent at the State Lunatic Asylum has returned to Bonham, his old home, and Dr. R. R. Walker, his first assistant, has returned to Paris, Texas.

Dr. B. F. Church, of Austin, has been appointed assistant physician to the State Lunatic Asylum at Terrell. Dr. Church is a graduate of the Baltimore Medical College, and a young man who came to Austin about two years ago. By his modest and gentlemanly deportment and studious habits, he made many friends and won the respect and kindly aid of the profession. The appointment tendered him unsolicited, is a high compliment, and worthily bestowed.

Dangerous Proprietary Compounds.—On account of the prevalent belief that the use of opium was rapidly increasing in Massachusetts, the Board of Health last year made an investiga-

tion to ascertain the extent of the evils arising therefrom. It procured and analyzed twenty-five of the most commonly used patent medicines, and among them all found only one which did not contain opium! On the list of those containing it was "Boschee's German Syrup of Tar," "Ayer's Cherry Pectoral," "Dr. Bull's Celebrated Cough Syrup," "Seth Arnold's Cough Killer," "Perry Davis' Pain Killer," "Dr. Hooker's Cough and Croup Syrup," "Mrs. Winslow's Soothing Syrup," "Mother Bailey's Quieting Syrup," and "Dr. Wistar's Balsam of Wild Cherry." The Board of Health in summarizing the results of its investigation uses these words: "The sale of soothing syrups and all medicines designed for the use of childen which contain opium in its preparation, should be prohibited."

Bright and Sparkling is the *Cosmopolitan;* moreover, it is the cheapest illustrated monthly (and one of the very best) published anywhere. The subscription price is only $2.40, but clubbed with DANIEL'S TEXAS MEDICAL JOURNAL it will cost you only $1.35. How is that? Send $3.35 to this office, and get both bright and sparkling publications for a year.

The *Medical Mirror*, St. Louis, "b. & s." also, $2 a year. DANIEL'S TEXAS MEDICAL JOURNAL and the *Mirror* one year for $3. How is that?

The *New Orleans Medical and Surgical Journal* $3. DANIEL'S TEXAS MEDICAL JOURNAL and the *New Orleans Medical and Surgical Journal*, $4.

DANIEL'S TEXAS MEDICAL JOURNAL and the *Brooklyn Medical Journal*, both for $3.50.

DANIEL'S TEXAS MEDICAL JOURNAL and *Lamphear's Kansas City Medical Index*, both for $3.50.

The above is to new subscribers only. Money sent by express must be prepaid. No local checks taken; we have to discount them.

The American Electro-Therapeutic Association was organized on the 22nd of January, 1391, at the Academy of Medicine, No. 17 West 43rd street, New York, by the adoption of a constitution and by-laws, and the election of the following offi-

cers: President, G. Betton Massey, M. D., Philadelphia; Vice-Presidents, William James Norton, M. D., and Augustus H. Geolet, M. D., New York; Secretary, William H. Walling, M. D., Philadelphia; Treasurer, Geo. H. Rohe, M. D., Baltimore.

Executive Council.—Horatio R. Bigelow, M. D., Philadelphia-Franklin H. Martin, M. D., Chicago; W. F. Hutchinson, M. D., Providence, R. I.; Frederic Peterson, M. D., New York, and Chauncey D. Palmer, M. D., Cincinnati, Ohio.

The object of the Association, as stated in Art. 2 of the Constitution is "the cultivation and promotion of knowledge in whatever relates to the application of electricity in medicine and surgery."

The Association starts with a strong and vigorous membership, and has every prospect of a most useful and successful career.

The next meeting will be held in Philadelphia, in September of this year.

WM. H. WALLING, M. D., Secretary,
2005 Arch St., Philadelphia, Pa.

To Delinquent Members Texas State Medical Association:—Notice is hereby given that the Secretary has on hand one hundred and fifty-six copies of the last Transactions, wrapped and addressed, but held because of non-payment of dues for 1890-1. Under resolution adopted at Fort Worth he was instructed to send the Transactions only to those who paid their dues—and of the five hundred there are one hundred and fifty-six whose name are not on the list furnished him by the Treasurer. Each one who has not received a copy, will know why, and those who have not paid know they have not paid, without giving names. The Secretary is anxious to get rid of this lot of Transactions, and again calls on these members to pay up. Remit to Dr. Larendon, Treasurer, Houston, and on receipts of a postal card from him the Secretary will send you a copy of the Transactions.

The rule adopted at last meeting of giving badges and admittance to those only who pay dues, will be still more rigidly enforced at Waco than it was at Fort Worth. A word to the wise is sufficient. The Treasurer reports this year's collections ahead of any other year, and it is clearly due to the adoption of the above policy.

Legislative Notes.—A billto compel vaccinnation has been reported favorably by the House Committee on Public Health.

Dr. Pope's bill to create a College of Physicians and Surgeons in Texas,—a synopsis of which was published in our October issue,—has been returned to the House by the Committee on Public Health with the recommendation that it do not pass.

A Bill amending the pharmacy law, so as to extend its operations to the cross-roads and smaller towns—thus requiring examinations of the drug cub who sells drugs along with dry goods and groceries—was also returned with a black eye; as was also an amendment proposed to the law regulating the practice of dentistry—tightening its grip.

Doctors as Legislators.—In the House of the 22nd Texas Legislature, now in session, there are some four or five doctors—all "regular." Dr. Selman, of Tyler, is chairman of the Committee on Public Health and Vital Statistics, and he has as colleagues Drs. L. Lloyd, of Jacksonvile; A. C. Oliver, of Cass Co.; Geo. F. Perry, of Hamilton Co., and J. D. McGregor, of Austin county.

A State Veterinarian,—One of the most important measures proposed at the present session of the Legislature was introduced on the 12th inst. It provides for the appointment of a State Veterinarian, with a salary of $1500, and expenses while on duty. His special functions, as defined by section 3, is "to protect the health of the horse, ass and mule and other stock from contagious diseases," and to that end he has authority to condemn to death any animal infected with contagious diseases, payment for the same being secured to the owner by appraisement by three disinterested stockmen or farmers. The object sought is the prevention or suppression of contagious diseases amongst stock. It really seems that more importance is attached to the health of the cattle than to that of the citizens and tax payers.

The "Bill to Regulate the Practice of medicine and to create a Board of Medical Examiners in Texas," prepared by the Committee on Medical Legislation of the Texas State Med. Association, was introduced into the Texas Senate by Sen. Pope on Feb. 14th, and was referred to the Committee on Public Health. It was re-

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A TRUE EMULSION WITHOUT SAPONIFICATION.

In all essential features, it represents the highest degree of perfection in the Emulsionizing of Cod Liver Oil.

This preparation is not advertised to the public, and enjoys a Professional popularity because of its high standard of excellence, uniformity and reliability.

(A pamphlet, with formula, Photo-Micrographic Illustrations, etc., mailed upon application.

PHILLIPS' DIGESTIBLE COCOA.

A Peptonized Cocoa in which the fat of the bean is wholly retained and pre-digested by means of Pancreatine. It is a **delicious food beverage** rendered **assimilable**, and is **nourishing to a high degree.**

Besides its adaptability as a **substitute for tea and coffee** in daily use, and as a **convenient and reliable article of diet** in the sick room, it is **particularly recommended in many conditions of debility** where a supply of carbonaceous food is indicated, but where there is difficulty attending the digestion of ordinary fatty foods.

PHOSPHO-MURIATE OF QUININE, COMP.
WHEAT PHOSPHATES.
MILK OF MAGNESIA.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

ROGERS SURGICAL INFIRMARY,

MEMPHIS, TENNESSEE.

The building is new freshly furnished throughout.

Sixty Single Rooms Thoroughly Equipped for Practical Aseptic Surgical Work.

Physicians sending cases here may rely on their having every attention.

For further information, address **W. B. ROGERS, M. D.,**

Office: 69 Madison Street, Memphis, Tenn

Consultation Hours: 10 to 12 a. m.

CAMPHO PHENIQUE.

Campho-Phenique in Diseases of Women.

Dr. Walter B. Dorsett, Superintendent Female Hospital, St. Louis, says As a local germicide, applied to the cervical canal in early cases of gonorrhea in women, Campho-Phenique prevents endometritis and salphyngitis, and when used upon open chancroidal buboes, it promotes early granulation and healing.

Dr. Walter Coles, late President St. Louis Obstetrical Society, writes: I am much pleased with Campho-Phenique. Its property of obtunding pain, in conjunction with its antiseptic and local alterative effects, renders it an admirable agent, when applied undiluted, in the treatment of erosions about the os uteri, and chronic ulcers and fissures of the anus. Mixed with vaseline it may be applied as a permanent dressing on absorbent cotton. Diluted with vaseline or lanoline it is an efficient and agreeable application in many skin diseases.

Campho-Phenique in Surgical Practice.

Dr. W. H. Grayson, Surgeon to St. Mark's Railroad Hospital, Venice, Ills., says: I have used Campho-Phenique in all sorts of surgical procedures and believe it to be the best antiseptic known. I find it non-irritating, non-poisonous and highly germicidal. It corrects offensive odors and facilitates healing. In a word, Campho-Phenique is the only antiseptic agent I am acquainted with that possesses all the good qualities without any of the bad. It is the remedy par excellence in erysipelatous affections.

Campho-Phenique versus Iodoform.

As a finishing dressing, one which can be left alone longer than any other, possessing more powerful germicidal qualities, which are not readily lost by evaporation; the gauze or cotton or lint moistened with Campho-Phenique, is superior to anything I ever tried.—Dr. A. C. Bernays in Medical Mirror.

Campho-Phenique in General Practice.

Dr. S. T. Yount, President Indiana State Medical Society, writes: I have given Campho-Phenique a careful and thorough trial in a great variety of cases, and find it better than any known remedy I have heretofore used. I can cheerfully endorse it as the best antiseptic, germicide and disinfectant now in the market, and also recommend it to the general practitioner as the very thing he needs for the various wounds, sores and injuries he may be called upon to treat.

I have used Campho Phenique in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable even if it did not allay the inflammation, i. e., its analgesic properties. It is the best remedy to allay pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time. W. R. AMICK, M. D.,
Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; Professor of Ophthalmology and Otology in the Woman's Medical College.

For Pruritus anywhere, Campho-Phenique applied locally is good, but Dr. Joseph M. Matthews, of Louisville, says for that soul-harrowing itching of the anus which sometimes accompanies Piles, Campho-Phenique is efficient —magical.—Medical Mirror.

ported upon favorably by the committee, and recommended for passage with an amendment striking out section 10 which relates to revoking licenses for unprofessional conduct. It will go the House shortly and will, in all probability, become a law.

It seems very difficult to make the legislators comprehend that there is any danger in the indiscriminate practice of medicine, and that sentiment "this is a free country" seems to extend to the privilege of practicing medicine. Many say that a sick man has a right to send for whom he pleases. No doubt of that, but should not every man who essays to engage in the practice of medicine, give to a constituted authority evidence that he understands, at least, the general principles—and has been edudated to the calling? evidence of fitness, no matter how or where acquired? We think so. The Homeopaths claim that no danger attends the administration of their remedies.(?) As the "administration of their remedies" is tantamount to doing nothing—the danger is one of *omission*—the failure to do somthing and the proper thing. But—how many of them confine their practice to "the administration of homeopathic remedies"? Not one out of fifty; and their ignorance of the therapeutics of the "regulars" or "old school," as they call us, which they essay to practice, constitutes a grave danger. No, there is no danger in homeopathic "remedies."(?)

NOTICE.

Texas State Medical Association—Section on Practice of Medicine.

It is the earnest desire of the chairman that this Section shall be well represented by contributions at the meeting in Waco next April. The active co-operation of all members interested in practical medicine, and in promoting the usefulness of the Association, is hereby cordially invited.

Attention is called to a resolution adopted at the last meeting (see page 306 of the Transactions), insisting upon the observance of the by-laws requiring papers, or their *titles*, to be furnished to secretaries of sections at least a month before the meeting which is to act upon them.

The discussion of papers, as appearing in our Transactions, have been notoriously deficient for the reason that members not knowing the titles of papers could not prepare themselves, and the secretary, without assistance, could not make an accurate or full report. It was to correct these well known evils that the Association adopted the above mentioned resolution.

Members who propose to read papers before this Section will please see that the *titles* of their papers shall be in the hands of Dr. B. F. Church, Terrell, at as early a day as is possible. Dr. Church will attend to their prompt publication.

H. A. West, M. D., Chairman, Galveston.

B. F. Church, M. D., Secretary, Terrell.

Publisher's Notes.

See Advertisement of nurses' training school at Galveston.

Attention is called to the new advertisement of the Antikamnia Chemical Company.

I have used your Tongaline both in hospital and private practice, and with excellent results.

Julian S. Patterson, M. D.,

Assistant Resident Physician to the Baltimore University Hospital, Baltimore, Md.

The Rio Chemical Company, of St. Louis, if it had never done more than present to the profession its valuable Extract of Pinus Canadensis, would have placed the profession under a lasting obligation to it. There is no more healthful, stimulating, and generally beneficial application that can be made to a diseased mucous membrane than this.

Private Infirmaries.—The Journal desires especially to call attention to three advertisements in this issue, of private institutions—two at Memphis, Drs. Rogers and Crofford, and one

PEPTONOIDS BEEF (POWDER)

Sterilized { BEEF, MILK, GLUTEN, } Partially Peptonized.

THE MOST CONCENTRATED AND NUTRITIOUS FOOD IN THE MARKET.

Received the only GOLD MEDAL and Highest Award at the International Health Exhibition, London, after a critical examination of all the Beef and Concentrated Food Productions, by a Jury composed of the best Chemists in Europe.

There is no food preparation that compares with it in nutritive properties.

It is partially prepared for assimilation, and, therefore, makes less demand upon the digestive powers of the gastric juice.

Being in the form of a dry powder and STERILIZED, it will keep in any climate. It contains 95 PER CENT. of nutritious matter.

The use of **BEEF PEPTONOIDS** is indicated as follows: Convalescence from all diseases, Pulmonary Affections, Pneumonia, Phthisis, Dyspepsia, Gastritis, and all Stomach Ailments; Fevers, Diarrhœa, Dysentery and all Intestinal Diseases; Marasmus, Bright's Disease, Diabetes, and Excessive Use of Alcoholic Stimulants. **Beef Peptonoids** may be given per rectum in all cases where the stomach cannot digest food, and in Debility resulting from any cause.

PEPTONOIDS LIQUID.

This preparation represents **Beef Peptonoids** in the form of an elegant cordial, all constituents being entirely digested and ready for assimilation.

Liquid Peptonoids is a nourishing peptogenic liquid stimulant with all albuminoids in a soluble state with only sufficient spirits added to preserve it. It contains the largest amount of albuminoid principles and the least amount of alcohol that is possible to use and make a stable compound.

Liquid Peptonoids will keep indefinitely; its flavor and palatability are such that many who have taken it liken it to a delicate cordial. It will readily be taken by patients who are unable to injest food in any other form (in these cases it has been found of the greatest service). In convalescence from fever and other diseases, in loss of appetite, weak digestion and gastritis, its effects are positive, and it will never fail to give perfect satisfaction.

There is no preparation in the market that has been recommend so highly by physicians who have carefully tested it.

DOSE.—For an adult, one tablespoonful three times to six times a day; children in proportion.

PHOSPHO-CAFFEIN COMP.

(GRANULAR EFFERVESCING.)

A SEDATIVE NERVE AND BRAIN FOOD.

The most efficient and palatable preparation in **Nervous** and **Sick Headache, Neuralgia, Insomnia, Neurasthenia,** and **General Nervous Irritability.**

Each dessertspoonful contains:— { Caffein. Acidi Phosphorici, aa grains, ss. Antipyrin. Ext. Apii. Grav. Dulc. (Celery) aa grain j. Sodium Bromide, grains v. }

DOSE.—One or two heaping Teaspoonfuls in a half tumbler of water. Put up in 4 oz. and 8 oz. Bottles.

THE ARLINGTON CHEMICAL COMPANY,

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WARNER & CO.'S

SOLUBLE SUGAR-COATED

PHOSHPORUS PILLS.

Prepared for Physicians' Prescriptions.

SPECIFY WARNER & CO.'S FOR FULL THERAPEUTIC EFFECT.

Pil: Phosphori, 1-100 gr., 1-50 gr. or 1-25 gr. (W. R. WARNER & CO.)

DOSE—One pill, two or three times a day, at meals.

THERAPEUTICS—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

Pil: Phosphori Co. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ext. Nucis Vomicæ, ¼ gr.

DOSE—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating the digestion.

Pil: Phosphori cum Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-50 gr.; Ext. Nucis Vom. ½ gr.

DOSE—One or two pills, three times a day, at meals.

THERAPEUTICS—This pill is especially applicable in Atonic Dyspepsia, depression, and in exhaustion from overwork, or fatigue of the mind. Phosphorus and Nux Vomica are Sexual Stimulants, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Ext. Nucis Vom. ¼ gr.

DOSE—One or two pills may be taken two or three times a day, at meals.

THERAPEUTICS—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

Pil: Phosphori cum Ferro et Quinia. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Quiniæ Sulph. 1 gr.

DOSE—One pill to be to be taken three times a day, at meals.

THERAPEUTICS—Phosphorus increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. WARNER & CO.)

R Phosphori, 1-100 gr.; Ferri Carb. 1 gr.; Ext. Nucis Vom. ¼ gr.; Quiniæ Sulph. 1 gr.

DOSE—One pill, to be taken three times a day, at meals.

THERAPEUTICS—The therapeutic action of this combination of tonics, augmented by the specific effect of Phosphorus, on the nervous system may readily be appreciated

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J. J. TOBIN, AGENT IN AUSTIN, TEXAS.

at Kansas City, Dr. Lamphere. These gentlemen are so well known to the profession, and their ability in their special lines so fully recognized and appreciated, that any word of commendation from us would really be superfluous.

The Marion Sims College of Medicine, of St. Louis, Mo., will open its Spring Session on Monday, March 16, 1891, at 9 a. m., and will close on Saturday, May 15. The course will include lectures, clinics and demonstrations, and will embrace subjects not generally taught during winter sessions. A special and private course for practitioners will be given. Fees, $10 for students, to be deducted from winter fees. To alumni free. For further particulars, address Young A. Bond, M. D., Dean, Page and Grand Ave.

PORT LUDINGTON, MICH., Sept. 24, 1890.

Antikamnia Medical Company, St. Louis, Mo.:

GENTLEMEN:—A few days ago I received your Antikamnia, which I have prescribed, and found it very satifactory indeed. In Influenza, which disease is very prevalent here just now, I find it as much of a specific as quinine is in ague. It is, indeed, one of the needful remedies, and should be in the hands of every practitioner. Yours respectfully,

A. P. MCCONNELL, M. D.

ST. LOUIS, June 51, 1888.

For a long while I have been in the habit of prescribing fluid extract of viburnum prunifolium, in those painful, functional disorders of the uterus and appendages occurring in cases that come under my care for renal and vesical diseases. My results have been satisfactory. Of late, I have given the remedy in the form of Dioviburnia, as prepared by a well known St. Louis Pharmacist, and the results are equally good, perhaps better; and the method of administration vastly superior.

JOHN D. BRYSON,

Professor of Genito-Unrinary Organs, St. Louis Med. College.

Hypodermic Tablets.—When the older doctors look back to the time when they put out powders of calomel and jalap at

the bedside—and gave a patient half an ounce of powdered bark at a dose, they can realize the great convenience of having skillful pharmacists who furnish them, ready made, such things as hypodermic tablets, for instance. They occupy almost no space, are ready for instant use, contain just the dose desired, and dissolve instantly in the syringe. We believe that JNO. WYETH & BROS., of Philadelphia, are the pioneers,—are among the earliest, at least,—in this advance step. They make tablets of all the more powerful alkaloids and of favorite combinations. We suggest that those who have not tried them, send for a list and a sample of their preparations, mentioning this notice.

A Case in Point.—A prominent manufacturer, Mr. T., living in New Jersey, consulted me some eighteen years ago, in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died recenily of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groudless.

Good feeders and torpid bowels told the story.

I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumbler of water before breakfast, and his troubles soon disappeared, and he is living to-day hearty and well, and has often told me since that the Aperient saved his life.

P. F. HYATT, M. D.

LEWISBURG, PA., Oct. 7, 190.

Chloro-Phenique.—Beverly D. Harrison, M. D., Surgeon Duluth, South Shore & Atlantic, and Minneapolis, St. Paul & Sault Ste. Marie Railways, Sault Ste. Marie, Michigan, says:

"As a non-toxic, non-irritant and reliable germicide for washing out cavities, CHLORO-PHENIQUE has no equal. I have also used it in several cases of chronic cystitis, washing out the bladder thrice weekly with a 25 per cent. solution, and in each case a cure was speedily effected, although previously they had been treated with boro-salicylic lotion with little benefit. The excessive tympanitis of typhoid was quickly reduced in two cases in which I injected CHLORO-PHENIQUE well up into the bowels, using a stomach pump for the purpose.

REED & CARNRICK *WILL NEVER ADD ANY NEW PREPARATIONS TO THEIR LIST UNLESS THEY POSSESS IMPORTANT POINTS OF SUPERIORITY OVER THOSE IN USE BY THE MEDICAL PROFESSION FOR SIMILAR PURPOSES.*

WE ARE CONFIDENT that the following preparations for the purposes described are superior to any therapeutic agents known to the Medical Profession, or are presented in more elegant form for administration. We will forward a sample to any Physician without charge, or will send the large size package upon receipt of 25 cents for each dollar size package, to partially cover carriage. This offer holds good for one order only.

ZUMOCIDE AND ANTISEPSINE — For **Leucorrhœa, Catarrh** of the nasal organs, stomach or bladder, and **all diseases** of the **mucous Surfaces,** or whenever a non-toxic, antiseptic and detergent preparation is required.

PANCROBILIN — For **Intestinal Indigestion, Constipation** and to **increase fatty tissue.** The price of Pancrobilin has been reduced 33 per cent.

CORDIAL ANALEPTINE — For **Rheumatic and Gouty Diathesis** and **excessive Urates.**

CORRIGENT PILLS — For **imparting tone to the system, increasing** the **appetite, improving** the **digestion, enhancing** the **functions** of **assimilation** and **blood-making** and removing **malarial** and other **taint** from the blood.

SULPHO-CALCINE — For **dissolving** the **diphtheritic membrane** and for treating diseases of the mucous surfaces. Valuable in parasitic skin diseases.

LACTO-PREPARATA — For the **feeding of Infants from birth to six months** of age. The only **All-Milk Food prepared** for Infants.

CARNRICK'S FOOD — For **Children** from **six months** to **fifteen months** of age.

SULPHUR-TARTRATE TABLETS — For **Biliousness, Torpid Liver, Skin Diseases, Pimples** and **imperfect growth of the nails** and **hair.**

COD LIVER OIL & MILK — For all purposes where **Cod Liver Oil** is indicated. The most palatable and digestible preparation in the market.

VELVET-SKIN SOAP — For making the skin soft. It is a **perfect Soap** for **Infants** and all **Toilet Purposes.** It is made only from Vegetable Oils.

VELVET-SKIN POWDER — For **Infants** and **all Toilet Purposes.** It excels al others in **delicacy** and **fragrance.** Contains no starch or deleterious substances.

Send for pamphlet giving minute formulas and full description of each preparation.

REED & CARNRICK,

P. O. Box 3042,

NEW YORK.

"As an anti-ferment in dyspepsia I have used it with success, and also as an injection in gonorrhea.

"I have also found Chloro-Phenique Gauze (made by saturating cheese cloth with Chloro-Phenique) more surely antiseptic and non-irritating than any gauze in the market."

From the Austro-Hungarian Dental Quarterly, October, 1890, by J. V. Kejzlar, of Jiciu.

Aristol: A New Antiseptic in Dentistry.—Some time since my attention was drawn to a new, powerful antiseptic, the thymol derivative, called Aristol, discovered by Drs. Messinger and Vortmann, of Aachen.

It is the best substitute for Iodoform, which, on account of its disgusting odor, is especially abhorred by patients who have disorders of the mouth or teeth. Aristol has no disagreeable odor, and is easily endured by sensitive patients. It has no toxic properties like Iodoform; does not irritate, adheres very readily to loose lying pulps, and has exellent healing properties.

I tried it in all cases of the most varied tooth complaints, in which the hitherto available antiseptics had been used, such as gangrenous pulps, antiseptic for the root canals, disinfection of carious cavities, before introducing the filling and so on.

On gangrenous pulps I strewed Aristol in powder with a fine brush; for disinfecting the root canal and carious cavities I used a ten per cent. solution of Aristol in sulphuric ether; through the rapid evaporation of the ether the Aristol forms an even coating and rapidly dries the cavity.

For fistulous spaces I use small rods made of ten parts coccao butter and one part Aristol, by which granulation and healing proceed rapidly.

Aristol is insoluble in water; but readily soluble in sulphuric ether, collodion and fatty substances. It is generally used in ten per cent. solution, or directly in the powdered form, externally, for wounds, all kinds of swellings, for eruptions, syphilis, ozæna, ottorhœa nasopharyngeal syphilis, in gynecology, and wherever antiseptics are indicated for external use.

Aristol may be regarded as an enrichment of materia medica, especially for disorders of the teeth, and it is very desirable that the remedy be further tried in this direction.

DANIEL'S

TEXAS MEDICAL JOURNAL.

A Representative Organ of the Medical Profession, and an Exponent of Rational Medicine; devoted to the Organization, Advancement and Elevation of the Profession in Texas.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

Vol. VI. AUSTIN, MARCH, 1891. No. 9.

Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

For Daniel's Texas Medical Journal.

TRANSPLANTATION OF TISSUE FROM LOWER ANIMALS TO MAN.

Abstract of the Case of Bone-Transplantation at Charity Hospital, Blackwell's Island, N. Y.

BY A. M. PHELPS, M. D., NEW YORK,

Professor of Surgery University of Vermont: Professor of Orthopedic Surgery Medical Department University of the City of New York; Professor Orthopedic Surgery New York Post Graduate School and Hospital; Surgeon in Charge of Orthopedic Wards, Visiting Surgeon to Charity Hospital; Consulting Surgeon Mary Fletcher Hospital, etc.

THE CASE of transplantation from an animal, recently performed at Charity Hospital, has commanded a wide-spread attention, and all sorts of absurd rumors have been circulated.

The operation is a success in so far as it establishes the principle that it is possible to grow large masses of tissue from an animal to man, and to establish the circulation until the union takes place between opposite species without danger to either. It also demonstrates that a growth of new bone takes place when a section of bone is transplanted and its nutrition maintained by the artery of the animal. This, if continued four or five weeks, would probably unite a fracture. Owing to the inefficient dressings which is apt to occur in early operations, the contact of the transplanted bone could not be continued sufficiently long for bone to unite to bone. But I am confident, after viewing the specimen, and taking all the conditions and surroundings into account, that bony union would have taken place if actual contact had been maintained for a longer period. The stimulation of the graft, however, has excited a reparative process in the fracture, and it now promises fair to unite. The boy walks with the aid of one crutch, or a cane.*

HISTORY OF THE CASE.

In the month of November, last year, the patient at Charity Hospital was sent to me for operation. Briefly the history of the case is this:

The lad, John Gethins, was suffering from an ununited fracture of the lower third of the leg, the result of an operation to remedy an anterior curve of the tibia, which had existed and had slowly increased from early childhood, until he was compelled to go upon crutches.

Fig. 5 is a photograph of the case before the operation of osteotomy. There was no paralysis of the limb, neither was it atrophied, excepting from non-use. The muscles were perfect in every respect.

This case was referred to my clinic two years ago, by Drs.

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*A similar operation had been previously made by Dr. Phelps, but it failed; the details of the first case and the illustrations are omitted for want of room. The JOURNAL is indebted to Dr. W. C. Wile, of the New England Medical Journal, for the paper and illustrations. It appears simultaneously in the New England Medical Journal.—ED.

Wey and Flood, of Elmira, and Assemblyman Dr. Bush, of Horsehead.

A few months after the operation of osteotomy, I cut down upon the fracture and wired it, but failed in getting union. After a few months I again operated, removing all cicatricial tissue, carefully stitching the periosteum together, and wired the bone. This failed. A few months later I again cut down upon the fracture, removed all cicatricial tissue, and again freshened the ends of the bone, and engrafted decalcified bone chips, according to Senn's method. This failed; the chips came away from the wound a few weeks after the operation. I then resorted to Thomas' method of hammering, damming, and adjusting an appliance for the boy to walk upon. This he wore for several months, but again we failed to secure union.

Fig. 5.

In the mean time the boy had returned to his home. From time to time I received letters from the lad, beseeching me again to make an effort to restore his limb to usefulness, and avoid an amputation. He returned again to New York, and was referred to one of the largest and best hospitals in the city; and one of the most eminent surgeons of this country operated upon him twice, with a failure each time. The poor boy, discouraged, returned to his home again.

Last fall, in October, I received a most pathetic letter from him, asking if I would again attempt to unite the fracture. A letter was written to him stating that an attempt at bone-transplantation from a dog, of which I had previously told him, would be tried if he desired. In answer to the letter, his parents at once sent him to New York. He was sent to Charity Hospital. The limb, at the time of the operation, November 16, 1890, was in very good condition, excepting the shortening of about four inches, the result of previous operations, which had been performed to unite the fracture.

It seemed a pity to amputate the leg. And surely we had arrived at that stage of the case where, so far as our present knowledge was concerned, amputation was the last and only step to be taken. With all of these facts before us, we felt perfectly justified in attempting aay experiment which would promise to succeed in restoring the limb to usefulness, provided the danger to life was not too great.

The brave lad had submitted to every means known to surgery for the relief of his condition, and, discouraged and heart-broken, had returned to his home. When he was told there was another chance for his limb, his face brightened, and he said, "Doctor, I will take that chance." After consulting with the members of the Medical Board of Charity Hospital, and several eminent surgeons of this city, we decided upon an operation.

It is a well-known surgical fact that an amputation performed in the growing limb below the knee or in the humerus frequently results in what is known as a conical stump. This necessarily leads to re-amputation, and many amputations have been performed from year to year, in the same case, for this abnormality. This was one of the reasons, but not the greatest, why we hesitated to amputate the limb.

A dog two years old was secured and prepared for the operation, carefully cleansed with soap and water, and made aseptic with a solution of bichloride of mercury.

While the patient was being anæsthetised and the ends of the fractured bones freshened, my assistants, Drs. Plimpton and Mooney, prepared the dog, in the following manner: She was etherized, and then enveloped in a thick layer of absorbant cot-

ton to the thickness of several inches, while placed in the natural sitting posture. Over this soft covering of cotton a few turns of a plaster-of-Paris bandage were made, to hold the dressing in place. The dog was not encased in plaster-of-Paris; the right foreleg of the animal protruded through the dressing. This leg was carefully shaved, and again made aseptic with bichloride of mercury, and finally with ether. The dog was now ready for the operation. With the assistance of Dr. James E. Kelley, Visiting Surgeon to Charity Hospital, and also Drs. Charles D. Roy, C. Stephenson and J. D. Wood, members of the house staff, we proceeded to the operation upon the patient, which was performed before the matriculates of the Post-Graduate School and Hospital. There were also present Dr. Huntington, of Sacramento, Cal., and Dr. J. F. Winn, of Richmond, Va., and the hospital staff. No one else was present.

Two elliptical incisions were made down to the fracture, four inches in length, removing the old cicatrix and cicatricial tissue about the ununited ends of the bone, together with an elliptical piece of the soft parts. With a saw the ends of the bones were freshened, leaving a space about one inch between them. The portions removed proved to be eburnated, and more like ivory than bone.

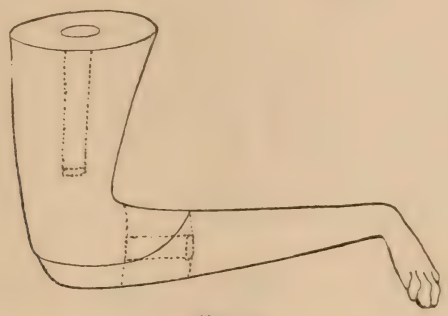

Fig. 7.

My asssistants, Drs. Plimptom and Mooney, now prepared the limb of the patient for the next step in the operation, by enveloping it in a plaster-of-Paris bandage, commencing six inches above the incision, and extending to the upper third of the thigh. The foot and ankle were also covered with a plaster-of-Paris bandage.

While they were skillfully preparing this part of the dressing, we were preparing the dog. An incision was made through the skin, as represented in Fig. 7, for the purpose of cutting a piece which would accurately fit the elliptical shaped wound in the patient's leg. The elbow was now quickly excised; the radius and ulna were severed one-half inch in front of the elbow-joint, and the humerus three inches above it, and removed, see Fig. 8, *B*, leaving all soft parts.

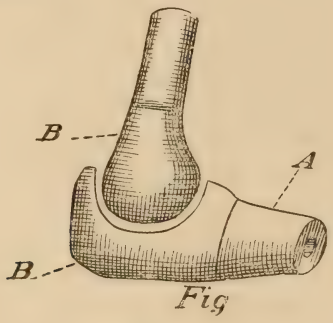

Fig. 8.

The extremity, near the paw, was amputated, leaving a piece of bone one inch in length, Fig. 8, *A*, attached to a branch of the brachial artery among the soft parts.

The attachment of the biceps tendon was detached from the bone and loose superfluous muscular tissue removed. In the dog the nutrient artery enters the bone one inch in front of the elbow-joint. Cutting the bone, as indicated above, saved the nutrient artery from injury, and secured the nutrition to the fragment of bone, from which we had hoped that new bone would be thrown out, and at the same time stimulate the human bone to a reparative effort.

The dog was placed by the side of the patient's leg, the head toward the patient.

An aluminum dowel-pin was passed through the medullary

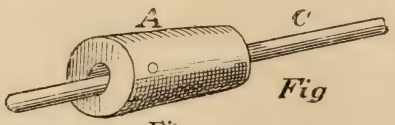

Fig. 10.

cavity in the long axis of the bone. This I think was a mistake. A steel pin inserted into the solid portion of the bone would not interfere with the circulation so much. See Fig. 10. The piece of bone *A*, Fig. 8, was placed between the ends of the bone *B*, *B*, of the patient, as seen in Fig. 11. The bones were crowded together, the dowel-pin entering the bones of the patient above and below. A silver wire was passed around the entire graft, (See Fig. 11,) and securely tied. This held the bone securely in

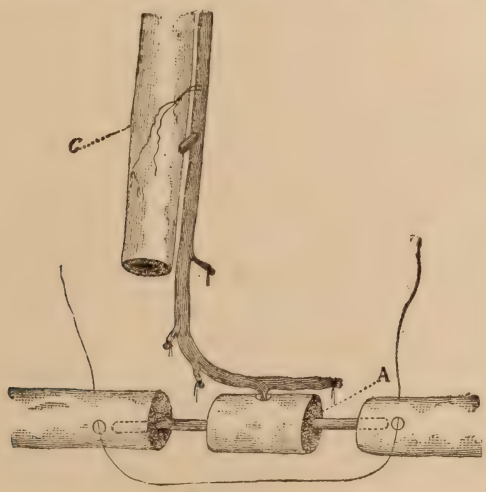

Fig. 11.

place. Fig. 11 shows the artery giving off its nutrient branch to the grafted bone, *A*. Muscle was stitched to muscle, and skin to skin, the parts being evenly coaptated. *C* is the humerus of the dog.

Fig. 12, is a diagram showing the bone, *A*, in place between

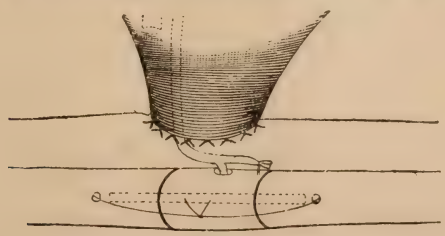

Fig. 12.

the bones of the boy, *B*, *C*. It also shows the dowel-pin, wire, main artery, and nutrient artery. *D*, represents the dog's leg stitched to the soft parts of the patient, *E*. Band iron was bent and adjusted over the wound, from the upper plaster cast to the lower one of the boy's foot, thus leaving room for dressing. A large drainage tube was inserted for drainage, which opened posteriorly. A few turns of the plaster-of-Paris bandage secured the iron rods to the leg. The wound was dressed antiseptically.

Through the entire operation the most rigid antiseptic methods were carried out. Constant irrigation prevented the possibility of wound infection. Having in Drs. Plimpkin and Mooney two most efficient dressers, and working two teams, one for dressing and one for operating, the hands of the operator did not need to come in contact with the plaster-of-Paris or septic dressings. The operation can be performed in one hour with efficient dressers.

The operation appears difficult and complicated, but is quite simple when understood. Many mistakes at the first operation were corrected in this, and many which occurred in this could be corrected in another. The operation of open incision for club foot, which I first performed in 1879 and published in 1880, was perfected only after twenty operations had been done. And so it is with all first operations involving complicating mechanics.

The patients (for we must now say patients) were put to bed. Both recovered from the anæsthetic rapidly. Small doses of morphine were used for both, from time to time, to allay, not so much the pain, as the uneasiness caused by the forced confinement. After three days this uneasiness passed away, and from that time on the dog and patient became friends, administering to each other's comfort—the patient by feeding and playing with the dog, and the dog by vigorous wags of the tail which showed her appreciation of the kindness.

I neglected to say that before the operation was performed the vocal cords of the dog had been carefully severed, under ether, to prevent any disturbance of the patient. At the end of two weeks, however, the cords had again reunited, and the voice of the dog sounded fully as strong as before the operation. The only pain caused to either patient was the twitching of the muscles of the dog as she shrank in her bed from the loss of adipose

tissue. This might have been prevented by a simple procedure at the time of operation. But this was a new development which had not occurred in the first case, and which we were not fully prepared to meet when first discovered in this.

On the sixth day the case was dressed in the presence of Drs. Newman, Stewart, Wooley, and Professor Prince Morrow, of the University Medical College, and Visiting Surgeon to Charity Hospital.

The wound was found perfectly healed by primary union, without a single drop of pus. Only for the difference in the color of the skin it would have been difficult to detect the line of union. On the eighth day we again dressed and the union was still perfect and more firm. Finally at the end of eleven days, there was an apparent shrinkage of the dog in the dressings. This allowed of motion, and it became evident that the graft would be pulled from its attachment within a few days. Consequently, much as I desired to continue the experiment, I concluded as a prospective act of humanity to sever the bond of union. I was prepared to do this the moment that I discovered that any surgical interference would become necessary, which would inflict additional pain to either, in order to continue the experiment.

The dog was chloroformed during the operation.

While the graft was being trimmed, and the leg of the patient dressed, Dr. Kelley skillfully secured the artery and nicely stitched up the stump of the dog's leg. She was then placed in bed and cared for by the nurse. As the graft was trimmed down to the parts still attached a free oozing of blood took place, through the graft, which demonstrated the fact that union had taken place and that circulation had been established between the patient and the dog. Both patients rapidly convalesced. The boy spent his time writing letters to his friends and reading the papers and postal cards from persons praying that the effort to save his leg might be a failure.

The wound was dressed and the graft examined daily. At the end of five weeks it was discovered that the bone showed no further sign of uniting, and desiring to give the boy every chance for union of the fracture it was removed. The rods, also, were removed, and the ends of the patient's bones placed firmly to-

gether, hoping to secure union because of the stimulation produced by the graft. The bone graft was irregularly covered with a new growth of bone, thus proving, I believe, that an effort had been made to unite the fracture.

This was the result of eleven days' contact, whereas at least thirty days are required for bony union to take place.

The canal of the bone was also filled with a new growth of bone, excepting where the dowel-pin passed through.

The average temperature recorded in the patient was about 99½°, in the deg 99⅘°. The average pulse of the boy was about 95. The normal temperature of the dog is above a hundred, that of the human being 98½° F. The temperature of the dog fell to below a hundred and that of the boy rose to near a hundred, or the same as that of the dog, where it remained for weeks. The pulse of the boy rose and the dog's fell until they beat nearly the same number of beats per minute, varying from ninety to one hundred and ten. The boy ate, slept, and felt well. There was no sepsis. Whether this peculiar condition of temperature and pulse was due to the interchanging of blood between the animal and the patient, I am unable to say; further observation is necessary to verify it.

After the eleventh day, owing to the plaster-of-Paris accidentally getting into the wound, pus for the first time was seen. This rapidly disappeared.

The operation had a two-fold object: first, to establish the fact that large masses of soft parts could be transplanted from an animal to man; second, to unite an ununited fracture by a section of bone from the dog. We have succeeded in demonstrating the first proposition, but we have partially failed in the other in so far as the actual growing of the bone into place is concerned. This was due entirely to a defect in the dressings. The principle of transplantation established means much to humanity; its application will be found useful in many cases which now defy the best efforts of the most skillful surgeons in the world.

Among the cases suitable for the application of the principle are those cases of fractures which resist all efforts for their union, and which must necessarily result in amputation; ulcers of a particular class which can be cured by no means known to surgery.

Scalps ripped from the heads of factory girls by machinery. Months and often years have been taken to skin-graft back the scalp to cover the skull, and numerous friends have been flayed to supply the material.

Thiersch's method of skin-grafting has been a step in advance of the older methods, but a martyr must be found to submit to the flaying. A dog would be found better adapted for the work as hair could be transplanted with the flap. Sloughing, following amputations in the upper third of the tibia resulting in cicatrical contraction with indolent granulations covering the end of the stump caused by the bad circulation from pressure are now cured. But how? By amputation at the knee-joint or else so near to it that an artificial limb cannot be worn without a useful knee-joint. Animal transplantation should be resorted to before amputation is performed.

If circulation could be established between opposite species, the elements of whose blood differed, without injury to either, a step would be taken which might lead to the relief of many a sufferer. Then large masses of tissue could be grafted from an animal to man, the circulation of the animal furnishing that which the patient could not supply, as in bone-transplantation. Or in grafting of soft parts the circulation of the dog would keep alive the graft until it had become firmly united to the patient, then it could be severed.

In bone-transplantation it was expected that in four or five weeks the animal would have thrown out a provisional callus and at the same time stimulate the fracture to repair. Figures 13 and 14 seem to substantiate that theory. A dog was selected because the elements of its blood very closely resemble that of man. The reparative energy of a dog is very strong and his power of endurance great. No unnecessary cruelty is inflicted and aside from the confinement but little suffering occurs.

Of course it is uesless to reply to those who have denounced the operation as cruel and unnecessary. Those who understand the motive which actuates the surgeon, can comprehend how, with all sympathy for the brute, his sacrifice of limb maybe demanded for the good of his master, man. They, too, can appreciate the reluctance of the surgeon to inflict wanton suffering, whether

upon man or brute, and can understand how such an operation only seemed commendable when a more than commensurate benefit was promised. To those whose eyes are blind to human suffering, and whose sympathies are all for the brute, I have nothing to say.

It will perhaps be remembered that this poor lad demanded that every means should be exhausted which promised relief before amputation should be resorted to. He still demands it, and the demand is one which a humane surgeon should consider before resorting to an operation which would involve the loss of a limb and possibly life.

For Daniel's Texas Medical Journal.

CARCINOMA OF THE STOMACH.—A CASE.

BY A. GARWOOD, M. D., NEW BRAUNFELS.

Read before West Texas Medical Association.

CANCEROUS diseases of whatever form, are always especially interesting to the physician and surgeon, and are perhaps dreaded by the laity above all other afflictions.

But, notwithstanding the importance of the subject, and the great advance in medical and sanitary science, the fact remains that cancerous afflictions are increasing among us.

I will not trouble you with figures or statistics as prepared by Sir James Paget, Dr. Fordyce Barker and others, in proof of this assertion. This fact, however, coupled with the knowledge that the disease lays hold of its victims at the most active and best period of life, gives greatest importance to the subject.

I invite your attention to carcinoma of the stomach, because the disease is oftener found in this organ than in any other part of the alimentary canal, excepting the tongue and lips, and yet it is commonly overlooked in its incipiency, and is not easy of diagnosis even when well advanced.

There is probably not one among us, who has not experienced the mortification of mistaking this most formidable disease for a

trivial affection, until our confiding patient was beyond redemption, if any there be for such an affliction.

The usual varieties of carcinoma affecting the stomach are scirrhus, encephaloid and colloid—the most common form being scirrhus and is usually found at the pylorus. To discuss these different forms, their pathology, or ætiology would take me beyond the intended limits of this paper, and besides, I may as well confess, I have not the ability to do so. From books one may read as well as another, and to these I refer you. It is certain that cancer is prone to develop from an irritated surface or from scar-tissue which, possibly, explains why the pyloric end of the stomach is oftenest affected, and is an argument, too, in favor of a local origin of the disease. It is easy to understand, how the mucous membrane of the pylorus, might be abraded and irritated by the passage of hard or indigestible masses of food, and it is a matter of fact, that old cicatrices are often found post mortem in this region.

The affections simulating cancer of the stomach are: Gastrodynia, atonic dyspepsia, gastric catarrh, fibrous stenosis of pylorus and gastric ulcer.

All are familiar with the ordinary diagnostic indications: The age and sex of the patient, character of pain, locality, vomiting, hæmatemesis, tumor felt on palpation, the subjective complaints of the patient, etc.

Within the last few years, great helps to diagnosis have been furnished by urine and blood analysis, but the most satisfactory aid comes from a study of the chemical conditions of the stomach itself.

Rommelaers was first to call attention to the diminution of urea and phosphates in cancer. He asserts that when the daily amount of urea falls below twelve grammes, we should suspect cancer. Maixnar found peptone uniformily present in gastric cancer, but does not state, whether or not, it is equally frequent in gastric ulcer.

M. Hagen, in his work on the pathology of the blood, says that in cancer the red corpuscles may become very much reduced in numbers, and structural alterations occur, which simulate the

appearance of parasites, and that in cancer of the stomach the hæmoglobin is diminished fifty per cent.

In 1871 Leube advocated the use of the stomach tube for diagnostic purposes in stomach diseases. Within the last decade, numerous workers have been attracted to this new field, and the result is, that we now have a voluminous literature on the subject. Improved methods and apparatus are now at our command, for surely and quickly diagnosing stomach diseases, and this, too, without much discomfort to the patient, or great loss of time to ourselves.

An ingenious method of illuminating the stomach from within, has been devised by Dr. Einhorn, of New York. It consists of an Edison's incandescent lamp inserted into the tip of an ordinary soft rubber stomach tube, the conductor being carried through the tube, and attached to a storage battery. In a lean or cancerous subject the contour of the stomach is at once seen through the abdominal walls, and the size of the stomach is plainly demonstrated. The presence of a tumor located anteriorly may be surmised by an increased dimness of the stomach outline at that point.

If there is cancer of the pylorus, the stomach is distended, if of the cardiac orifice, the stomach is contracted. In carcinoma of the stomach absorption of contents is greatly delayed.

Recently I have employed Dr. Einhorn's stomach bucket in diagnosing stomach troubles, and I take pleasure in recommending it to those of the profession not acquainted with its use.

It is the latest, and I believe, best device for obtaining the stomach contents for diagnostic purposes. As you may see, it is a very simple little instrument. But little larger than a o o capsule, (which it resembles in shape), it is scarcely harder to swallow.

It is made of silver, and at its top there is a large opening with an arch over it. On this arch, a silk thread about 12 inches in length, is tied, for the purpose of withdrawing the bucket when filled.

As to method of using, and chemical tests, I will read from the printed directions, accompanying each apparatus. * * * It is at once evident that in all stomach troubles, the determina-

tion of free h. c. e. plays a main role, for as all know, it forms one of the most important products of stomach secretion.

The absence of h. c. e. in cancer of the stomach, was first discovered by Von den Velden, but it has since been demonstrated that there may be a diminution, or absence of this acid in chronic gastritis and glandular atrophy of the mucous membrane—so, while this certainly detracts from its *positive* value, it still remains a most important factor where there exists other symptoms and signs of the disease. If, however, h. c. e. is repeatedly found to be present after examinations in doubtful cases, we are *positively certain* of the *absence* of cancer, no matter how strong the signs and symptoms may have pointed to that disease. The rennet ferment is also usually absent in cancerous disease.

As to treatment of cancer of the stomach, I have little to say. I do not know, personally, of a single recovery, though I have read within the past year of two cures by the knife. I believe it most practical to regard the disease as a local one, which, if given into the hands of the surgeon at an early stage, may be completely eradicated.

For Daniel's Texas Medical Journal.

CÆSAREAN SECTION

At Roosevelt Hospital, N. Y., by Dr. G. M. Tuttle.

REPORTED BY SETH M. MORRIS, STUDENT, N. Y.

THE WOMAN had been in labor about twenty hours. On examination at the time of the operation, the child was found to be dead, the cord prolapsed and a hand and foot presenting from the cervix. Its head was in the left iliac fossa well above the brim, the breech to the right side and the uterus tonically contracted. Unsuccessful efforts had been made by a skillful obstetrician to turn the child, and further efforts were desisted from for fear of rupturing the uterus. The pelvic measurements gave

27¼ cm. for the interspinous which is 1¼ cm. above the average, 31 cm between the crests, and for the conjugata vera about 6 cm. It was decided to do Cæsarean section. The strictest antiseptic precautions were observed. The vagina was douched out thoroughly and the abdominal wall cleansed with soap and water, alcohol and bichloride solution. An incision was then made about 8 inches in length in the median line over the most prominent part of the uterus. The peritoneum was incised for the same distance and sponges stuffed between the uterine and abdominal walls in order to protect the peritoneal cavity. A six inch incision was made in the uterus and the child rapidly extracted together with the placenta and membranes. An assistant in the meantime controlled the hemorrhage by grasping the broad ligaments with his hands and compressing them. The cavity of the uterus, now very much contracted since the removal of the child, was packed with sponges and douched with hot water. The operator began to stitch up the uterus with interrupted sutures of large silk passed through the muscular and peritoneal coats only, but the uterus could not be made to contract sufficiently to stop the hemorrhage, and it was decided to remove it. A large elastic ligature was passed around its lower segment and tied tightly, which stopped the hemorrhage. The uterus was then amputated a little above the ligature, and the stump transfixed by two large needles. The peritoneum at the lower end of the incision was stitched closely around the stump shutting off the abdominal cavity, and the remainder of the incision in it stitched up by interrupted cat gut sutures. The wound in the abdominal wall was stitched up by a continuous suture of large silk supplemented by interrupted sutures of silk worm gut. The uterine stump, transfixed by the two large needles which prevented it from receding into the abdomen, was fixed in the lower part of the abdominal wound. A good sized glass drainage tube, reaching well to the bottom of the pelvis, was put in about two inches above the uterine stump. The stump was cauterized with the Paquelin cautery, and it and the abdominal wound dressed with iodoform gauze, sublimate gauze, cotton and a wide abdominal bandage. The ovaries and tubes were also removed with the uterus.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

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HOMEOPATHY AND HOMEOPATHS UNDER THE CALCIUM LIGHT.

Their Claims to Consideration as Factors in Medical Legislation.

THERE ARE NO SECTS in medicine; all the recent homeopathic outcry about the "three schools," and the "different systems of medicine," etc., is the meerest twaddle.

Homeopathy, as defined by DUNGLISON,—the standard authority with all classes of practitioners—is "a fanciful doctrine which maintains that disordered actions in the human body are to be cured by inducing other disordered actions of a like kind, (*similia similibus*,) and this to be accomplished by infinitesimally small doses, often of apparently inert agents; the decillionth part of a grain of charcoal, for example, is an authorized dose. It has also been called 'globulism.'" According to Dr. Bigelow "homeopathy consists in leaving the case to nature, while the patient is amused with nominal and nugatory remedies."

WEBSTER defines it to be "the doctrine or theory of curing diseases with very minute doses of medicine, by producing in the patient affections similar to those of the disease."

WORCESTER says, "Homeopathy is the doctrine of Dr. Hahnemann that diseases are cured by medicines which have the power to cause similar diseases in healthy persons, or the doctrine that *similia similibus curantur*, "like cures like."

THOMAS' MEDICAL DICTIONARY defines it as "a doctrine propounded by Hahnemann, professing to cure diseases by the action of infinitesimal doses of medicines of a quality to excite in the healthy a disease similar to that which is to be cured."

From the above it will be seen that homeopathy is no part of the science of medicine; there is but one "school" of medicine; that founded by Hippocrates, the great science of medicine, which comprehends every and all rational methods of curing disease, and includes biology, physiology, pathology, psychology, chemistry, surgery and hygiene. Its followers and devotees have made the science and themselves illustrious, have advanced civilization, prolonged human life and robbed disease of most of its terrors. They alone have contributed to the vast sum of medical progress and advancement, and have given to suffering humanity *all* the boons with which they are now blessed. Long—the immortal, robbed surgery and obstetrics of their terrors by the discovery of chloroform. By its use the sufferer literally sleeps throughout the most formidable surgical operation. Harvey demonstrated the circulation of the blood and revolutionized physiology. Paré gave the world the ligature,—the next greatest advance in surgical aid. Jenner disarmed smallpox of its terrors by the discovery of vaccination, and saved millions of lives annually. Pasteur has disarmed hydrophobia. Koller gave us local anæsthesia in the discovery of cocaine. Koch, Klebs, Lister and others have revolutionized pathology by their discoveries and demonstrations of the germ causation of disease. In short, the medical firmament is begemmed with stars of the first magnitude.

All "sects" or "schools" of medicine are mere "pathies," nonentities, and represent nothing,—not even a rational idea. And of all the ridiculous and absurd theories ever seriously proposed homeopathy is the most absurd and irrational.

By comparison with the above brilliant record, it can be shown that with all their boast—during the century that has elapsed

since Hahnemann brought forth his absurd "system"—so called "of all the vast achievements made in medical science, *not one* important discovery, either in medicine or surgery, can be ascribed to homeopathic origin; there is not one single instance in the world of a single scientist who is a homeopath. There is not one single homeopathic doctor who has more than a local reputation as a scientist. What a proud record! A "sect" in medicine, as alleged, which has existed a hundred years, at a period of the world's history when the stupendous advancements in all departments of science and learning have been such as to put to shame all previous ages, and still this boastful, arrogant "system" has not contributed one iota to this vast addition to scientific knowledge. It has done nothing but degrade the name of medicine, and bring reproach upon the profession."*

With regard to their boast of "sixteen colleges," and of their having "elevated the standard of medical education,"—when it is examined by the calcium light, it is found to be, like a certain green bay tree, "hollow in the butt." It can be shown that it is directly the result of the examining board system, and that they were driven to it. These colleges, along with a number of medical colleges, were made to extend their lecture terms, and make more thorough their course of instruction—or be *ruled out!* In 1881 the Illinois State Board of Health, through their great Secretary Jno. H. Rauch, made a report on medical education, and classified the colleges, saying which should and which should not be recognized as being in "good standing." Other boards adopted the classification, and the published results of examinations of graduates of the different colleges soon made evident the weak schools;—hence, "raise the standard or quit the business" became the alternative.

If the effect on the homeopathic colleges was salutary, it was more so on the medical colleges proper, and there was a great advance all along the lines.

In 1882 only 45 of the 148 medical colleges in the United States and Canada required certain educational qualifications for

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*Whenever an * is used in this article, reference is made to and quotations from Dr. S. N. Pierce's article in the Medical Standard.

matriculation; now 129, or all but 19 require it. In 1882 the number requiring attendance on three or more courses of lectures, as a condition to graduation, was 22; now it is 85. In 1882–3 only 42 colleges had terms of 6 months or more, at present 111 have; and of the 148 colleges, only 22 adhere to the original low standard, short time, etc.—[*7th Illinois Report on Medical Education.*]

So much, then, for examining boards as factors in "elevating the standard of medical education;" yet these (alleged) homeopaths, while boasting of the elevation of their standard, (wrought by the boards), decry the boards as useless and oppressive.

Speaking of medical colleges, it is not generally known that with the exception of one in Hungary, there is not such a thing as a "homeopathic medical college" outside of these glorious and do-as-you-please United States; and here, while calling themselves homeopaths, these persons practice, or essay to practice, anything that comes handy! To do this in Germany,—to deviate from the strict homeopathic doctrine that "like cures like" ("the hair of the dog cures the bite"), and infinitesimal doses, is held to be, as it really is, *false pretense*, and is punished as such. (Small wonder then, that homeopathy has become almost totally extinct in Europe, and especially in Germany, the land of its birth!) Such should be the case in America; for it can be proven,—indeed, few deny it,—we challenge those in Texas loudest in their complaint to deny it,—that while posing as homeopaths, getting practice as homeopaths, they do not hesitate to prescribe morphine, calomel, quinine, chloral, etc., in full medicine doses, admitting the meanwhile, as did the President of the forty-strong "Homeopathic State Medical Society" in a recent newspaper publication that the "two systems" are diametrically opposed to each other." The nearest approach to the German ruling that we have heard of, was the decision of a northern court—(not remembered at present, but which can be cited)—that if a homeopath is employed as a homeopath, it is tacily understood that the patient is to be treated homeopathically, and if the homeopath resort to other means or remedies, he cannot enforce the payment of his bill. But, as a general thing, those persons calling themselves homeopaths use the name as a

kind of trade-mark, pretty much as the Indian has become the trade-mark of the tobacco dealer; they sail under a homeopathic flag and cry persecution; they declare that the administration of homeopathic medicines is harmless, and claim exemption from examination *as* homeopaths, and *yet*, give morphine and quinine!

Here is the "nigger in the wood-pile," as the homeopathic president of the 40 strong association, elegantly expresses it; we have "flushed him." Homeopaths want the people to believe that they practice only homeopathy, and insist that it is "harmless," and yet reserve the right to, and "on the sly" do administer dangerous drugs in full doses, depart from the fundamental principles of homeopathy and fly to the very opposite! Is this fair? is it rational? is it honorable? When he does so he necessarily abandons *in toto*, the whole theory upon which the absurd practice of homeopathy is founded. What is he then? surely not a homeopath; he is neither fish, flesh nor fowl; nor yet not even "good red herring." They would "steal the livery of (the Hippocratean) heaven "to serve the (Hahnemannian) devil in." This looks, to a man up a tree, singularly like duplicity. Doing this thing, posing as homeopaths and attempting to practice *medicine*, of which they are totally ignorant in the great majority of cases, in the name of consistency and of common sense, upon what do they base their claims to be exempt from examination? Are not surgery, obstetrics, anatomy, chemistry, physiology, hygiene, and all else save therapeutics and practice, taught alike in all schools? And if they essay the latter—the regular practice—where does the homeopathy come in? But the president of the homeopaths above referred to has, in another, and more recent newspaper publication had the—courage, shall we call it? or cheek?—to deny that he had said "the administration of homeopathic remedies is harmless," and asked to be left out of the bill altogether; notwithstanding we "saw it with our eyes, and heard it with our ears," saw it in print in the *Statesman*, in the *Southern Journal of Homeopathy*, and in a reprint with which the state capitol was literally belittered. We quoted from memory at the time: now we have it before us; and there is no mistake about it; here it is, in the *Southern Journal of Homeopathy* for February, 1891, the official mouth-piece of the clan.

"But as to homeopathy, we maintain that the administration of homeopathic medicines does not jeopardize the lives of the community, and therefore does not come within the purview of restrictive legislation;" and further on, "why do they not leave us out altogether?" Is not this the same, substantially, as our quotation? To deny it is the shallowest subterfuge, as shallow as the claim itself, and as untrue. This assertion was made in a set address by the Hon. President of the homeopaths before the House Committee on Public Health on January 31, 1891, in session, where Drs. Bennett, Pope, Preston and Daniel were present, as also the homeopathic and electric delegation. We believe, the author does make the distinction of saying that the above sentiment was not uttered *in his office*, when the State Association Committee called on him. It matters not where he said it, it is a matter of record, and cannot be denied. Does not this look like an attempt to deceive? Did he once intimate to the committee that he and his disciples resort to the hypodermic syringe and morphine and atropine, and cocaine, and quinine, and chloral and strychnine, whenever they find their "potentized moonshine" unavailing, that is, as a rule, and in all grave cases? Not a bit of it! They said the administration of homeopathic medicine does not endanger life. This looks as if they would have the hearers believe they give homeopathic medicines—and nothing else! Or, does the gentleman wish us to think that he and his kind practice homeopathy solely, when we *know better?* or, is it that being a homeopath (?) morphine in his hands in ¼ gr. doses becomes a "homeopathic medicine" and *ergo*, is "harmless?"

"What then is the inevitable conclusion with reference to publicly declared homeopathists who openly confess that they do not confine themselves to homeopathy but practice all systems varying their methods in accordance with the whims of their patrons? The only possible conclusion is that such men are imposters! There is no principle in their professional services, and they are physicians for revenue only. They are ready to resort to any trick or device likely to secure them victims. Their sectarian title makes them quacks. Had homeopathy been obliged to rely upon the merits of its own particular achievements and

not been habitually filching from legitimate medicine, no part of the earth would at this date be cursed with a homeopathist.''*

As stated in our last, the State Medical Association Committee taking them at their word—pretending, out of respect to the honorable gentlemen to believe that they *meant* it, introduced a clause in the bill now pending in the Senate, exempting from examination all those who confine their practice to the law of *similia similibus curantur* and infinitesimal doses. The homeopaths saying: ''If you do this, it no longer concerns us; our mouths are necessarily closed''; but, *mirabile dictu!* since this was done they open their mouths still wider, and the wolf's ears stick out from the lamb's skin even more conspicuously than before! They now cry out for a ''separate board,'' or equal representation on the one board! The clause exempts all honest homeopaths—if there be any; the spurious article, or those who under homeopathic guise practice what they call ''allopathy'' have no claim to exemption. Since this clause exempts what they claim to be and pretend to be—homeopaths—what have these persons to do with this or any other bill to regulate the practice of *medicine?* They should take their choice, stick to homeopathy, or, if they insist on practicing *medicine*, stand examination like a man.

But homeopaths (we do not mean the mixed breed, they represent still less), represent nothing; and in Texas especially represent nothing worthy of consideration. Numbering less than one hundred, or about 2% of the entire medical profession of the State, if counted as practitioners, should they be permitted—and especially by specious pleas and misrepresentations—to be a factor in medical legislation, to become a controlling element in the making of laws to govern the practice of *medicine?* They are very active at the Capitol; while, from the force of circumstances, the illness of Dr. Cupples, etc., the State Medical Associaciation bill has been left to take care of itself pretty much.

We could perhaps laugh at their arrogance were it not that they persist in impuging the motives of the medical profession in seeking legislation. Notwithstanding the bill is backed by a popular petition bearing 15,000 signatures; notwithstanding every State Medical Association in America has sought and secured, or is seeking such legislation, these busy-bodies, who, as shown, are

neither one thing nor another, insist, and assert to intelligent legislators that it is a "plot" to crush them! To make such an assertion is to denounce the 60,000 practitioners of rational medicine in the United States as a set of scoundrels, banded together for a dishonorable purpose. It is contemptible! It is monstrous!

The Legislature cannot be blind to the cloven foot when they hear such things charged; for they know, personally, the venerable and honorable Dr. Cupples, a graduate of Edinburgh and of Paris; they know the venerable and honorable Dr. T. C. Osborn, the courtly and high-minded Paine, and Fly, and Swearingen; the scholarly Burroughs and Clopton; they know that no abler nor more honorable men ever lived than the members of the medical profession who are engaged in, or in sympathy with this needed reform—this effort to suppress quackery.

It is downright impertinence to intimate to an intelligent person that such men would lend themselves to any "plot" or "scheme" to "get control of the practice in Texas." Pray, tell us, somebody, what would these gentlemen be profited even by the total extinction of homeopathy? Let us see: There are some 300 counties in Texas, and 100 homeopaths all told. That is about ⅓ of an homeopath to each county. Now, suppose this Legislature could wipe out the "whole compoodle" at one stroke of the pen; let us see where we would be. This ⅓ of a man's practice would be divided, we will say, equally between the (estimated average of) fifteen doctors in the county. What would be each man's *pro-rata* share, supposing every homeopath in Texas to have a cash practice of $2000 a year—a big estimate? We have $2000 \div \frac{1}{3} = 666.66\frac{2}{3} \div 15 = \$44.44$ a year, or about $3.70 a month to each "regular"; a big thing; *quite* an inducement to sell one's honor. For very shame! But it is on a par with sailing under homeopathic colors and prescribing morphine; dodging behind an empty and meaningless title to escape examination, on a pretext that "homeopathic remedies are harmless."

But, *is* the administration of homeopathic remedies pure and simple, harmless? Let us see: *"Some of them [homeopathic remedies], being derived from the secretions from infectious diseases, cannot be deemed destitnte of danger. * * In 1886

so great was the demand for these remedies [?] that Dr. Samuel Swan found it profitable to issue a price list of them. These offered for sale, at a fixed price, on page 20, potentized "*pediculi pubis*" [crab-lice] "*pediculi capitis*"; "*pediculi corporis*"; page 1 offered "*acaris scabies*" [itch insect]. "Carbuncle of the neck, very severe" is offered as a remedy on page 6. Page 15 offers the "tears of a young girl in great suffering," under the name of "*lachryma filia.*" On page 4 "*buboin*" or "*pus*" from a "*syphilitic bubo*" [!] Page 7 offers a preparation from "*chancre of syphlis*" [!]. Page 8 offers "colestrum" [the first milk of mother after birth of baby]. Page 9 "crotalide" [rattle-snake venom]. Cancer of the womb, bowels, breast, etc., are offered as remedies, as well as "*hippozinin*" from glanders. Osteo-necrosis [dead bone] pus, from a rectal abscess," etc., etc., ad nauseum.

"But to cap the climax of absurdity, in the same "price list" "rubrum," "flava," and "ceruli iridis"—or red, yellow and blue rays of the spectrum, as well as "Luna," or potentized [?] *moonshine!* are also tendered as therapeutic aids to the Hahnemaniac.' "*

[This is not jest, but dead serious easnest. See *Medical Standard* of February, 1891.—Ed.]

No wonder "homeopaths" do not stick to their trade. What would some of their swell patrons, say to taking a dose of *body lice* or a little *pus* from a suppurating bubo from the person of a negro perhaps, or a Mexican? Ugh!

If anything can be more absurd than the serious proposal to use *moonshine* as a remedy(?) it is their boast to be able to render inert substances, like charcoal for instance, so powerful, by agitation or shaking, (and it must be done in a prescribed manner—"downward, always, and never in the opposite direction"—that a "dose," diluted to the *decillionth* degree would be '*too strong*, and a smell of the vial is prescribed."* Hahnemann says (in his *Materia Medica Pura*,") "if the patient is very sensative it will be sufficient for him to *smell once* of a vial containing a globule of the dilution." "They caution against *too many shakes* lest the medicine be thus rendered *too* violent."*

In the *Southern Journal of Homeopathy*, for February, 1891, edited by the arch-disciple of modified homeopathy, C. E. Fisher

now of San Antonio, on page 421, in an article on crying babies we find the following: "Cries as if from being frightened by seeing Indians—*Stramonium.*"

That is to say to give a baby not crying, a *smell* of stramonium, would cause him to see "injuns;" beautiful theory!—

But enough. Will an intelligent legislature be hoodwinked by the claims of one hundred men who hold—or what is worse, pretend to hold such views as rational,—and are guilty of such shameless subterfuges; who practice or pretend to practice such stuff in the scared name of "medicine?" Then, in the name of consistency and of justice, make provision for, and recognize as a rational practice, the "Christian Science" abomination. It is much more respectable—because consistent; and surely it requires no stretch of imagination to believe as well in the efficacy of prayer as a therapeutic measure—as in the efficacy of moonshine and spectral rays,—or that the tears of "a young girl in great distress" will cure another girl in great distress; or if given to a happy girl will throw her into a state of "great distress." It is really too absurd for serious consideration; and yet—and yet—through the boldness and peristence of their pretensions many sensible and honest men are made to believe that these people represent a "school of medicine"—and that they are persecuted as rivals, by the practitioners of rational medicine. That clause in the constitution which says, "no preference shall ever be given to any school of medicine," so often quoted by the Hahnemaniacs, is proot of what we say, and is a great absurdity within itself.—*Vive la bagatelle.*

SENATORS IN MOTLEY.

The Medical Bill Ridiculed in the Senate.

Since the article "Hope Deferred" was put in type, strange things have happened at the capitol.

The medical bill was called up by Senator Pope on the 20th inst. No sooner was it read than certain Senators proceeded to cover themselves all over with glory (?) Senator B. moved an

amendment, which, being adopted, gave the homeopaths and eclectics each three places on the board of examiners—to three physicians. This killed the bill. The committee of medical gentlemen, some of whom were present, in disgust, asked Senator Pope to move the indefinite postponement of the bill, as they could not submit to such injustice, and it was done. This effort in behalf of a long suffering public has thus been sent to join the long procession of similar efforts defeated by homeopathic assurance and misrepresentation. *Vive la Bagatelle!* Quackery has received another impetus and charlatanry reigns supreme throughout the land. These gentlemen thus go on record as endorsers, if not champions of the homeopathic cause and as champions of unequal rights. Disregarding the fact that this element constitutes but two per cent. of the practitioners of Texas, these gentlemen would give them 33⅓ per cent. representation in medical matters, matters in which we cannot see that they are entitled to any voice at all.

There appears to have been several Brutuses in this stabbing business. But the rididule that was hurled at the bill was the unkindest cut of all. Surely, any request emanating from so respectable a source, should have commanded respectful considertion.

The medical profession have heretofore consoled themselves with the reflection that the low average intelligence of previous legislatures had failed to grasp the broad humanitarian principles which underlie such efforts; and they had congratulated themselees that the twenty-second legislature was composed of a better order of men. Hence, the failure of the bill falls with a double force on them. That intelligent, well educated Senators, for the most part good lawyers, should fail to see the necessity for restrictions on a privilege, the indiscriminate exercise of which endangers human lives, is truly surprising. It wonld seem to be a self-evident proposition. That they should be hoodwinked by a handful of men who do not deny that while they call themselves homeopaths, they practice what they call "allopathy," the principles of which are directly antagonistic to homeopathy, and made to espouse a cause so empty and pretentious, is still more surprising; but that they should so far forge

their own dignity, and the respect that is due the gentlemen represensing the State Medical Association, so far forget the essentials of good breeding as to stoop to ridicule in order to thwart a righteous and much needed reform, asked by those whom all recognize and respect as gentlemen, and the representatives of a large element of educated citizens, to say nothing of the people's petition, bearing fifteen thousand names—is indeed astonishing.

We learn with pain and mortification, that a certain popular Senator—the son-in-law of one of the most eminent and respected members of the medical profession—especially distinguished himself for facetiousness, and that a certain other gentleman, with a coarser article of ridicule, came in a good second in the "funny business."

We were not present; had we been, we should have blushed to see the honorable gentlemen so bemean themselves. We are told that it excelled the exploids of the famous "Bell of Cook" in the memorable Twenty-first. Senator Pope rebuked his hilarious colleagues and delared he was *ashamed of the action of the Senate!* All honor to him.

How are the mighty fallen! Once—to be a physician, if not to be "greater than a king"—was at least to occupy a position which commanded respect. To be a physician now, and to labor earnestly and conscientiously in the cause of humanity, to advocate a reform, by which life may be saved and suffering and wrong prevented, is to bring down the shafts of ridicule at the hands of brethren of the kindred profession of law; and even the gray hairs of veterans in the cause of humanity, will not protect from the witticisms (?) of conceited new-made Senators. Oh shame, where is thy blush !

In lieu of this bill, it is highly probable that the homeopathic bill, introduced by Mr. McKinney, will become the law It provides for a board of six medical censors, composed of the president and secretary of eaeh of the three "schools," and their sole functions is to pass upon the respectability of diplomas ! What a farce. Were it not so late our committee might perhaps get the law of 1876,—the only one now on the statute of Texas,—patched up so as to make it operative, and it would do very well in absence of a bet-

ter. And that step, indeed, is our only hope, even in the future. Some legislators seem to be unalterably opposed to any effort on the part of the physicians to "regulate,"—and are especially opposed to a central board.

[Since the above was in type the motion to postpone has been reconsidered; and Monday, March 23d, the bill is again up in the Senate.—Ed.]

A DASTARDLY OUTRAGE ON A PHYSICIAN.

The JOURNAL blushes to record the occurrence in a civilized community of such an outrage as that perpetrated by Oscar Samostz, a Bohemian druggist of Austin, upon Dr. T. J. Bennett, one of the leading physicians of Austin, and a most exemplary gentleman.

Drs. Bennett and Morris had for years been occupying an office over Samostz' store, and on leaving there to occupy their new and elegant quarters, some feeling must have been engendered on the part of the irascible little foreigner, and a misunderstanding occurring between him and Dr. B. as to the removal of certain equipments which Drs. Bennett and Morris had put in the office, he took occasion to vent his spite by attempting, as is alleged in the indictment, to put Bennett's eyes out with sulphuric acid.

The testimony of Dr. Bennett and Mr. Burke, the plumber, who had accompanied him to remove the fixtures, is, that Dr. Bennett, seeing Samostz' design, as he came toward him with the glass raised in a threatening manner, endeavored to thwart his fiendish purpose by catching his arm. He arrested it just as the contents of the glass were dashed at his face; but ducking his head just in time, the charge was received on the brim of his handsome spring "stovepipe" hat, excepting a few drops which struck his face just under and to the side of his left eye. (The "stovepipe," it is unnecessary to say, was demolished.) The acid on the face caused a painful and severe burn, and had it gone into the eye, would surely have destroyed both eye and sight. The Doctor gave his antagonist a sound drubbing with his fist before he felt the burning of the acid. He then hastened to apply an

alkali and wash the wounds, and to-day is not the least disfigured; but it was a close call.

Samostz was indicted by the grand jury on three counts: maiming, difiguring, and assault. The trial, which took place recently, (about March 6-8), resulted in a compromise verdict, giving him the lowest penalty allowed by law,—two years in the county jail. It is currently reported that eleven jurors were for five years in the penitentiary, the maximum,— and one, a colored man, the only one on the jury, held out for the minimum penalty, and hung the jury for more than twenty-four hours. Samostz was promptly jailed, and his attorneys moved for a new trial, but it was overruled; they then took an appeal, and this man who fights with an outlawed and barbarous weapon, is out on bail. Reputable citizens allege that he has been known to throw sulphuric acid on the legs of horses which have been hitched in front of his store. Is this the nineteenth century? and can such things be, and be tolerated by a civilized and peace-loving community? Heretofore Samostz has been one of the leading druggists, and was patronized by the best people of the city and county. His store, on the Avenue, was one of the handsomest and best equipped pharmacy establishments in the South; and a career of success and prosperity seemed to be opened up for the proprietor; but he has in a fit of anger thrown away his opportunity and alienated many who gave him a strong patronage and support.

A man who would with malice aforethought attempt to put out the eyes of a fellow-creature, deserves the severest penalty of the law; but what punishment is severe enough for a human fiend, who would throw acid on a dumb brute? a horse—man's faithful friend and servant?

Samostz' plea was "self-defense," and his shrewd lawyer worked it for all it was worth, doubtless saving him from the severest penalty of the law. He claimed that after handling aniline dyes, he was in the habit of washing his hands with sulphuric acid, and that on this occasion, his hands being very much soiled, he had poured out the acid for the purpose of cleansing them, preparatory to going on the street. It looks like an impossibility to pour commercial sulphuric acid in the palms of the hand without great pain and burning; but he was asked to

demonstrate his procedure to the jury, and he did so without flinching. A quantity of acid had been procured from another drug store, and Samostz, after blackening his hands with a dye, deliberately poured a dram or two of acid in his palm and laved his hands in it thoroughly, all over; he then dipped them in a basin of water and it cleansed them of the stain. This made a strong impression on the jury, and caused them to entertain some doubt as to malice, else he would surely have fared worse. Just how he did it, without injury to his hands—he must be a Salamander—is "one of those things" we cannot find out. We do not think an ordinary man could do it; we should not like to try it. An acid that will burn a hole in a stovepipe hat, is one of the things that *we* would not like to handle. But this "extraordinary citizen of Austin" treated it with the intimacy—almost fondness—of a tender parent!

A CARD.

The exposure of the "Hepatic Pill" enterprise, in our December number, has precipitated upon us an avalanche of personal abuse and invective; it has brought the whole pack, "Blanche, Tray and Sweetheart," to snapping at our heels.

By certain gentlemen, for some of whom we have a high regard, we have been accused of an "unwarranted attack upon Dr. Ghent." Nothing could be more absurd. It was an attack, if attack at all, upon a *principle*, a specific act; and a very questionable one, to say the least of it; an act which, had it been committed by a friendless man, would have been universally condemned. Witness the expulsion (in '87) of a younger, and therefore, presumably, a less discreet member, for a very similar, though less flagrant act.

The exposure was, moreover, in the line of duty, and in pursuance of the declared aims, objects and mission of the JOURNAL, the advocacy of legitimate medicine and a *clean profession*. Let those who censure us reflect for a moment, and ask themselves if they are not defending the *man*, and not the act? If so, is one man's character any more sacred than that of another, and can this man do no wrong? (See Transactions 1887, proceedings.)

Does any man who values his own professional character, or who has any regard for the dignity of medicine, pretend to say that such practice is defensible in *any* man? Has the Doctor ever denied knowledge of the sale of the pills so labelled? No where in his alleged "explanation" does he say he did not know it; *he cannot deny it;* we challenge him on his honor to deny it. And, knowing it, what was his plain duty? To stop it. Did he do it? Not until attention was called to it in the JOURNAL. The druggist cannot screen him by saying he had the labels printed without his knowledge. That may be; yet he does not say Dr. Ghent did not become aware of it, or rebuke him for such liberty, and order it stopped and the labels destroyed.

But supposing the editorial did have an element of personality, as alleged; let them ask any member who was at Fort Worth to explain the conduct of the gentleman—now posing as a martyr --conduct with reference to myself; ask them who has been the aggressor in this matter?

I cannot, in justice to my subscribers, who pay for the JOURNAL and are not interested in our personal quarrels, take up its space in personal controversy; but let my friends have no fears but that I will in due time and in the proper manner defend both my position and myself; nor that I will fail at the same time to substantiate every assertion I have made, as well as refute the slanders which have been heaped upon me from another quarter.

Respectfully,

F. E. DANIEL.

Austin, Texas, March 17, 1891.

HOPE DEFERRED.

Again are we doomed to disappointment. Although the committee's bill to regulate the practice of medicine in Texas was introduced into the Senate about the middle of January, and was promptly acted upon by the Senate Committee on Public Health and recommended for passage, it has never advanced an inch beyond that point. The whole session of the Legislature appears to have been taken up with the railroad commission bill, which is still under discussion, and the school book bill, and a few

others. The failure to get the medical bill pushed through was due perhaps, in a large measure, to the prolonged sickness of Chairman Cupples, and to the complete absorption of the time of the session with the above weighty matter. Many of the members have, in conversation with us, admitted that there is much need for some such bill; they appear to be impressed with the importance of the needs in this direction, and had the bill come before them for action, no doubt it would have been passed. At this writing, March 18, there is little prospect of reaching the bill, as the Ligislature will abjourn April 6th, and its fate will have been decided before this is read by subscribers. Well, we can only wait and hope; medical legislation is rapidly gaining favor, and as there will likely be a called session of the Legislature, we will try it again. *Nil desperandum.*

Dr. L. Lloyd, the distinguished representative in the lower house of the present Texas Legislature, had the misfortune to lose his elegant new home, in Jacksonville, early in this month. He had just finished it, and had made every arrangement for spending his life comfortably; had surrounded his family with all the comforts of an elegant modern home; had built capacious barns, and all the necessary out-houses, and had harvested his crops of corn, oats, fodder, potatoes, and other farm products usualy stored by the thrifty husbandman; had his carriage house and stables, and all just completed, when the destructive fiend swept it all away in a brief hour. The loss is the more sad from the fact that there was not a dollar of insurance on the property, and he lost all—house and contents, out-houses and grain, library, instruments, and all. His policy of insurance expired just after he left home for Austin, and he neglected to renew it, thinking he would do so on his first trip home; but alas, it was delayed too long. So many instances have occurred of a fire just after lapse of policy, that it looks as if there were a kind of fiendish intelligence that watches for and takes advantage of such lapses; the interval of time between lapse and renewal seems to be the danger period. It is safest to never allow a lapse.

The good doctor has the sincere sympathy of the Journal, of which he has been a faithful and long-time supporter; and of a host of attached friends.

Society Notes.

The Austin District Medical Society met in Austin on the 19th inst. and had a most interesting session. The following delegates were elected to the Waco meeting of the State Association, April 28th, prox.:

Drs. A. Garwood, J. A. Davis, Joe Cummings, S. Cunningham, W. T. Richmond, F. R. Martin, G. W. Christian, J. S. Poyner, J. W. Hamilton, L. H. Hardy, R. P. Talley, H. H. Thrope, R. Atkinson, W. H. Holloway, B. E. Hadra, W. H. Barnwell, J. W. Carhart.

Dr. Dock, of Galveston, Pathologist of the Texas Medical College and Hospital, delivered a highly interesting and instructive lecture on *Amœbi Coli* in relation to hepatic abscess and dysentery.

Dr. Bennett, the indefatiguable Secretary of this flourishing Society deserves mnch credit for his efforts, and great success in building up so strong and influential an organization. The roll of active members now numbers 86 and embraces the leading physicians of nine adjacent counties, and even members from as far as Galveston and Temple. [ED.]

The following resolutions were adopted; the latter by a rising vote, and unanimously:

WHEREAS, it is contemplated that in time the State will take control and assume the management of the Texas Medical College, converting it into the Medical Department of the University of Texas; and

WHEREAS, Dr. B. E. Hadra, the present incumbent of the Chair of Surgery in said Texas Medical College, is well known to us and known to be eminently qualified for the position, and we believe that he will fill the chair with credit to himself and honor to the State;

Resolved, That the Austin District Medical Society, in convention assembled at Austin, the 19th day of March, 1891, do hereby endorse the said Dr. Hadra as eminently qualified to teach surgery in all its branches, and recommend him to the favorable consideration of the Hon. Board of Regents for appointment

to the Chair of Surgery in the Medical Department of the State University.

WHEREAS, one of our members, Dr. F. E. Daniel, has recently been made the subject of a most unjust and slanderous publication in the *Texas Health Journal*, whereby his moral and professional character has been furiously assailed; and

WHEREAS, Dr. Daniel has resided in our midst a number of years, and his daily walk has been under our observation, we know him well, in every relation of life; and

WHEREAS, we have evidence of the most satisfactory character of the purity and nobility of his character prior to his coming among us; therefore be it

Resolved, By the Austin District Medical Society that we repudiate said publication in every detail as *false;* and further

Resolved, That we, having known Dr. Daniel intimately, and been familiar with him as a citizen, a physician and a gentleman, do hereby endorse him an honorable man, a physician of ability and purity of professional life—a faithful laborer in the cause of legitimate medicine, a worthy member—and one of the organizers of this and other Societies; and as a Christian gentleman, whose walk in life is, and has been, above reproach.

Resolved, That the attention of the Texas State Medical Association is hereby called to the said publication.

Resolved, That these resolutions be published with the proceedings of this Society, and that they be spread upon its minutes.

Adapted unanimously by rising vote.

March 19, 1891. T. J. BENNETT, M. D., Sec'y.

[A true copy.]

The Cherokee County Medical Association held its regular meeting in January with its usual interest. There being no response from the Committees on Collective Investigation, Dr. Smith reported a case of congestion—a child at ten years successfully treated with quinine and tincture of belladona. This case was given instead of a regular paper, and created more discussion than any other, as to the use and doses of quinine during the poroxysm.

Dr. Wm. Osborne read a paper entitled "Diagnosis of a few Conditions of the Blood, Stomach and Intestines, from the Appearance of the Tongue."

The Doctor thinks from the unanimity in making this examination, it should be regarded as one of the most important means of diagnosis, if properly understood. The paper was tolerably exhaustive, gave the different appearances of the tongue in the different stages of disease, and what the appearances indicated, with suggestions as to the proper remedial agent to be used. The conclusions of which he thinks we may safely classify the appearance of the tongue as having reference, 1st, to the condition of the blood; 2nd, as indicating the condition of the digestive organs. The paper was carefully prepared, and this, with Dr. Smith's paper, was received by the Association and discussed by Drs. Brittain, Guinn and Evans, also Guinn, Rusk and others. We had, as we usually do, an interesting convocation. The wonder is why *all* who can do not attend.

The officers elected for the ensuing year are: Dr. A. H. McCord, President; Drs. H. V. Collins, J. N. B. Guinn and R. W. Tennison, Vice-Presidents; J. K. Frazer, Secretary; J. H. Evans, Assistant Secretary.

For our next meeting we have papers on—

"Therapeutics of Binoxide of Hydrogen," by Dr. J. H. Evans.

"Acute Yellow Atrophy of the Liver," by Dr. W. G. Jameson.

"Black Jaundice," by Dr. A. W. Barton.

"Treatment of Phthisis," by Dr. N. W. Spring.

The meeting adjourned to meet at Alto on the first Thursday in April, when, it is hoped, all will attend who can.

J. K. FRAZER, Secretary.

Western Texas Medical Association. — The Western Texas Medical Association met in regular quarterly session on the 28th inst., in San Antonio, with President Spring in the chair.

Morning, evening and afternoon sessions were held, all of which were well attended. The Committee on Necrology re-

ported suitable resolutions on the death of our lamented brother, Dr. S. T. Lowry.

Dr. N. E. Field, of San Antonio, read a paper on "Premature Labor," in which he ably reviewed the history of this practice and gave valuable hints as to the methods and indications of its induction.

Dr. James Kennedy, of San Antonio, read a paper entitled "Heredity as a Factor in Renal Pathology," in which he endeavored to show the influence of heredity in causing disease of the kidneys in an infant upon whom he held a post mortem, the father of which child had died of suppurative nephritis.

Dr. A. Garwood, of New Braunfels, read a very able and interesting essay upon "Carcinoma of the Stomach."* The thanks of the Association were tendered the authors for their very able and instructive essays.

The subject of Ætiology of Pneumonia was broached by Dr. VanGasken, of Luling, and was freely discussed by the members present.

Small-pox and vaccination came in for a liberal share of discussion, but nothing new or original was developed.

An amendment to the by-laws was passed, compelling members to pay dues under pain of expulsion.

The names of Drs. J. Leslie Smith, L. L. Lacy and B. J. Norvierski were reported upon favorably by the Board of Censors and were thereupon unanimously declared members of the Association.

It was decided upon to hold the next quarterly meeting in San Antonio, whereupon the meeting adjourned.

JAMES KENNEDY, Secretary.

Panhandle Medical Society Organized.—The physicians of the Panhandle district met at Vernon, Feb. 24, 1891, at 2 p. m. Meeting called to order by Dr. J. E. Dodson. The following officers were elected by ballot: Dr. J. E. Dodson, of Vernon, president; Dr. F. F. P. Keller, of Chillicothe, 1st vice-president; Dr.

*Published in this number of the JOURNAL.—ED.

W. M. Burger, of Claude, 2nd vice-president; Dr. J. F. Roberson, of Vernon, secretary; Dr. G. L. Van Duersen, of Vernon, treasurer. Adopted constitution and by-laws of North Texas Medical Association. Committee on Credentials elected Dr. G. W. Roberts, R. F. LeMond and H. H. Rhoades, all of Vernon. Paper read by Dr. F. F. P. Kellar: "The Differential Diagnosis of Diphtheria and Membranous Croup." It was highly appreciated, as was one read by Dr. G. W. Roberts on "Diagnosis and Treatment of Small-pox." Adjourned to meet at Quanah, May 15th, 1891. The Panhandle Medical Association embraces the territory between Wichita Falls and Texline.

The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, Wednesday, Thursday and Friday, October 14, 15 and 16, 1891. A large attendance, a valuable program and a good time are expected. The members of the medical profession are respectfully invited to attend. C. H. Hughes, M. D. President, 500 N. Jefferson Avenue, St. Louis; E. S. McKee, M. D., Secretary, 57 West Seventh Street, Cincinnati; I. N. Love, M. D., Chairman Committee of Arrangements, 301 N. Grand Avenue, St. Louis.

Meeting of the National Association of Railway Surgeons.—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo May 7th, 8th and 9th of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo April 30th and May 1st and 2d, to which all Railway Surgeons are cordially invited. To all Railway Surgeons sending their names and addresses to the Corresponding Secretary, a copy of the constitution and program will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information enquire of A. G Gumear, M. D.,
Cor. Secretary, Buffalo, N. Y.

Texas State Medical Association, Section on Practice.

—The Secretary of the Section on Practice of Medicine, Dr. B. F. Church, of Terrell, requests the JOURNAL to announce the following papers which have been contributed to the Section on Practice and will be read at the meeting at Waco: "*Pemphigus*" by Dr. O. Eastland, Wichita Falls; "How Remedies Affect the Human Economy When Applied to the Skin," by Dr. J. O. Lowrie, Coleman, Texas.

Dr. W. L. York, of Decatur has been appointed a member of the Judicial Council, vice Dr. Terhune, deceased, who had been appointed vice Dr. B. Saunders, resigned.

The Ebbett House Proprietors, Washington City, write the secretary of the T. S. M. A. that "special rates of $3 to $4 and up" will be made to Texas delegates to the American Medical Association which meets in that city May, 5th.

The Waco Meeting.—Let it be borne in mind that the 28th annual session of the Texas State Medical Association will meet at Waco, beginning Tuesday, April 28th and holding four days. Applicants for membership *must present diploma* with application; and having previously registered and paid the Treasurer (who will be on the stand in advance of meeting) $10, pin his receipt to application also, and hand it to the Secretary; it will then go to the Judicial Council for action.

Let it be remembered by those who will attend the Waco meeting that payment of dues is absolutely imperative. The Treasurer will have charge of the badges, and will deliver them with his receipt on payment of dues.

The Secretary again calls on the hundred and odd members who have not settled with the Treasurer for last year, to communicate with him at once, and a card from him to the Secretary will secure a copy of the Transactions of '90. Thsse copies are wrapped and addressed to over a hundred members, and are lying in the Secretary's office, and he is prohibited from mailing them except on instructions from the Treasurer. Fourth notice. Don't blame the secretary for doing his duty.

Medical News and Miscellany.

Dr. T. J. Murph, of Nacogdoches, died February 28th, after a long illness.

Read the resolutions by the Austin District Medical Society, under Society Notes.

Dr. J. H. Burleson, of Huntsville, Texas, was married on the 20th instant, to Miss E. Woodall, of that city.

Wanted.—A few copies of the January, '91, number, and also of July, '89. Will pay for them, or give credit on subscription.

Dr. St. Cloud Cooper has returned from San Antonio to Jefferson, his former residence. He removed to San Antonio last fall.

See Dr. Hammond's new advertisement. The Doctor writes us that he has more patients from Texas than from any other State.

The spring session of the Marion Sims Medical College begun Monday, March 16, and will close May 15. They have an able faculty.

Dr. T. P. Davis, of Canton, Texas, has just returned home after a pleasant and profitable attendance upon a special course of lectures in Atlanta, Georgia.

Removals.—Dr. D. F. Kirkpatrick has removed from Fort Stockton to Argyle, Denton county.

Dr. J. W. Smith has removed from Pilot Point to Henrietta.

The Danbury Medical Publishing Company had their office (*New England Medical Journal*) burned February 28th ult. But

with true pluck they went to work, and now announce that all their publications will be out nearly on time in April.

To our Subscribers.--If you want your JOURNALS bound neatly and at northern prices, send them to the JOURNAL'S printer, at Austin. Mr. John Southgate, the famous bookbinder, is now with the office. Address us, or Von Boeckmann, proprietor.

Married.—In Jefferson, Texas, Monday, March 7, (inst.) by Rev. H. M. Scudder, of Marshall, Texas, Mr. Melzar H. Schluter to Miss Fannie Clopton, both of Jefferson. The bride was one of Jefferson's handsome and most popular young ladies, and a queenly figure in social circles. She is an adopted daughter of Dr. and Mrs A. G. Clopton. The groom has been a citizen of Jefferson several years, and is the senior member of the mercantile firm of Schluter & Harper.

In the editorial on "Homeopathy," etc., there are several errors of the printers, overlooked in proof reading; for instance, for "electric delegation" read "Eclectic delegation; for "medicine doses" read "medicinal doses;" for "tacily" read "tacitly;" for "easnet" read "earnest," etc. This editorial was published in pamphlet form in advance of the JOURNAL, by a committee of the physicians of Austin, on behalf of the friends of the medical bill then pending in the Senate. It was done to correct certain erroneous impressions that had been created by the industry of the opponents of the bill.

The late Dr. J. B. Raimey, of Gilmer, whose death, December 11, 1890, was announced in the last issue of the JOURNAL, was a native of Kentucky. He graduated from the Kentucky School of Medicine in June, 1882, and removed to Texas soon afterwards, settling in Gilmer in August, the same year. Here he soon entered upon an active practice and a promising career, but was untimely cut off by the fell destroyer, to whose rapacious demands talent, intellect, youth and promise appeal alike in vain; he is no respecter of persons. In his practice, Dr. Rainey was suc-

cessful; and he devoted himself to it with an unusual assiduity and zeal. He was an honest, noble man, and a faithful friend. As a member of the Baptist church, he occupied a prominent place in the community of Gilmer, and will be sadly missed in every relation to society. The JOURNAL tenders its heartfelt sympathy to the bereaved family.

Publisher's Notes.

BROMIDIA is used more to-day than ever. It is reliable and never fails in its action.—*Canada Lancet, January 13th.*

"I HAVE USED Ponca Compound for uterine affections. One, a very bad case of ovaritis and metritis, following a month after confinement. The results were all that could be desired.

R. FRAME,
Milford, Delaware.

ORLANDO, Fla., Jan. 5th, 1891.

ANTIKAMNIA CHEMICAL CO.,
St. Louis Mo.

Gentlemen—I have used Antikamnia, and am perfectly delighted with the results. I have given it in "La Grippe," Intermittent Neuralgia, and other neuralgic affections, with the happiest results. I have requested my druggist to order a supply.

Yours Truly,
J. W. HICKS, M. D.

HABITUALLY MOIST FEET.—This is found most frequently in such persons as live well and take little exercise. Also in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the

REED & CARNRICK *WILL NEVER ADD ANY NEW PREPARATIONS TO THEIR LIST UNLESS THEY POSSESS IMPORTANT POINTS OF SUPERIORITY OVER THOSE IN USE BY THE MEDICAL PROFESSION FOR SIMILAR PURPOSES.*

WE ARE CONFIDENT that the following preparations for the purposes described are superior to any therapeutic agents known to the Medical Profession, or are presented in more elegant form for administration. We will forward a sample to any Physician without charge.

ZYMOCIDE [ANTISEPSINE] — For **Leucorrhœa, Catarrh** of the nasal organs, stomach or bladder, and **all diseases** of the **mucous Surfaces,** or whenever a non-toxic, antiseptic and detergent preparation is required.

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CORDIAL ANALEPTINE — For **Rheumatic and Gouty Diathesis** and **excessive Urates.**

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LACTO-PREPARATA — For the **feeding of Infants from birth to six months** of age. The only **All-Milk Food prepared** for Infants.

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VELVET-SKIN POWDER — For **Infants** and **all Toilet Purposes.** It excels all others in **delicacy** and **fragrance.** Contains no starch or deleterious substances.

Send for pamphlet giving minute formulas and full description of each preparation.

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This preparation is not advertised to the public, and enjoys a Professional popularity because of its high standard of excellence, uniformity and reliability.

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A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly indicated in conditions of **disturbed nutrition** and **tissue retrograde.**

An easily appropriated general tonic, promoting digestion, and safe under prolonged use.

A permanent combination of the soluble Wheat Phosphates, with Muriate of Quinine, Iron and Strychnia.

Of greater strength than the various Hypophosphite compounds.

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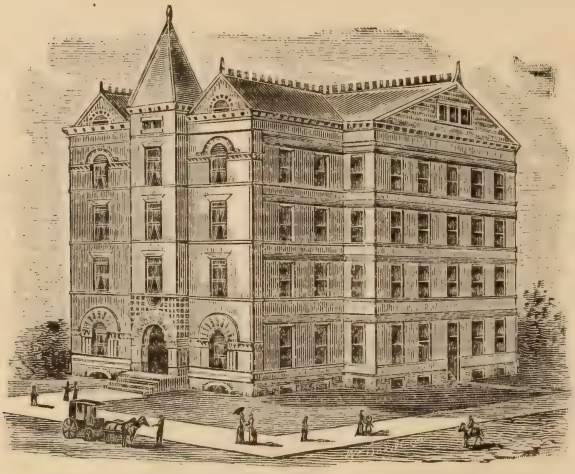

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Physicians sending cases here may rely on their having every attention.

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Consultation Hours: 10 to 12 a. m.

employment of foot-baths or a strong solution of Extract of Pinus Canadensis (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc, or other inert powder constantly applied inside the stockings. .—*Dr. Jamison's Periscope in Edinburgh Med. Jour.*

MESSRS. REED & CARNRICK whose labratory was destroyed by fire last fall announce that they have resumed business with enlarged and improved laboratory, and that they have added several new preparations to their list of products. We trust our readers, all of whom are interested in dictetics and therapeutics, will try these preparations. The manufacturers claim superiority over similar preparations and ask an impartial trial and comparison. These several articles have become of such importance to commerce, that the N. Y. Pharmacal Ass'n., the Maltine Manufacturing Company and the Arlington Chemical Company, it is claimed would never have existed, but for Mess. Reed & Carnick's enterprise. A careful reading of their new advertisement is requested. Mention the JOURNAL in ordering or in corresponding with the firm.

NEW ADDITIONS TO REMEDIAL AGENTS.—Among some new and convenient medicaments Parke, Davis & Co. announce are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the Peptin Peptones, possessing an agreeable sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt Extract with Peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as Iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The Aristol Bougies should find a wide application in the antiseptic treatment of the Urethra. Aristol is a substitute product of Thymol obtained by mixing a solution of Iodine in Iodide of Potassium with an alkaline Thymol solution.

DEL RIO, TEXAS, November 8, 1889.

Dios Chemical Company:—It affords me pleasure to state that I have tried Dioviburnia thoroughly in a number of stubborn cases, and have not been disappointed. As a general and uterine tonic and anti-spasmodic, it has no equal. I have obtained the best results from the use of it in dysmenorrhea, securing relief in every instance. I have instructed my druggist to keep it in stock, and as further evidence of the estimation I have for it, I will say that hardly a day passes that I do not prescribe it. In fact, it is fast becoming my principal dependence in all those troublesome affections peculiar to females, and which so often tax the skill and patience of the most experienced and enlightened physician. J. W. PEIRSON, M. D.

CAMPO-PHENIQUE IN MINOR SURGERY.—Clinical reports by Dr. J. T. Yourtee, Brownsville, Md. The following typical cases illustrate the great value of campho-phenique in minor surgery:

Case 1. R. H., aged 21 years, came to my office February 1, 1890, suffering with a punctured wound of the right hand caused by a rusty nail which had penetrated fully half way through the hand. The usual domestic appliances had been made, without benefit. The hand was badly swollen, and intensely painful, and there were marked symptoms of approaching tetanus. I at once thought of campho-phenique, and with a small probe dilated the wound and slowly poured the solution into it. I then covered the palm with absorbant cotton, saturated with the preparation, with instructions to pour a little on if not relieved of the pain (which, however, was much better by this time). This, with a dose of morphia to quiet the nerves, constituted the treatment. The man called the next day, saying his hand was giving him no trouble. But for the campho-phenique, I fully believe I should have had a case of traumatic tetanus, with all its grave consequeuces, to deal with.

Case 2. F. B., railroad man, came to me June 3, 1890, with the end of the index finger of his right hand pinched off and badly mashed. After carefully freeing the wound of shreds of tissue and foreign substances, I dressed it with absorbent cotton

and pure campho-phenique, with instructions to let it alone, if not painful, except an occasional application of campho-phenique. He came again to my office ten days later, to have the first dressing removed, which I did, and found the wound nearly well and perfectly clean and free from unhealthy granulations.

SYR. HYPOPHOS., FELLOWS.—(Dispensed in bottles containing 20 ounces by weight, or about 15 ounces by measure.) Mr. Fellows takes this opportunity to thank the profession for their increased recognition of his invention.

To the medical gentlemen who have kindly permitted the publication of their testimony in favor of his hypophosphites, and who, by letter or otherwise, have expressed their disapproval of the fraudulent imitations, he is especially grateful.

With its increasing favor there has been a corresponding increase of imitations, and though this is a compliment in the sense that "only the best things are worth counterfeiting," yet Mr. Fellows would respectfully request the profession to guard against the misleading advertisements and fictitious compounds of notorious imitators.

SAFEGUARDS AGAINST SUBSTITUTION.

Fellows' Hypophosphites is dispensed in bottles containing 15 oz. by measure—the address, Fellows & Co., St. John, N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has a pleasantly bitter taste, and deposits a flocculent brown precipitate of hypophosphite of manganese when left undisturbed for forty-eight hours.

NOTE.—Though this precipitate mars the appearance, its presence has been found inperative to its full remedial effect.

JAMES I. FELLOWS, Chemist,
48 Vesey Street, New York.

Book Notices.

A Text-Book of Comparative Physiology for Students and practitioners of Comparative (veterinary) Medicine. By Wesley Mills, M. A., M. D., D. V. S., Montreal, Canada. With 476 illustrations. New York: D. Appleton & Co.: 1880: pp. 636.

This work, as compared with the author's other book on "Animal Physiology," is much more comparative and specialized as regards the domestic amimals. The book is valuable for the general practitioner, though it is intended more particularly for the veterinary student. It deserves the compliment of being called a text-book. B.

ANNOUNCEMENT.—E. B. Treat, Pub., N. Y., has in press for early publication the Ninth Yearly issue of the "International Medical Annual."

Its corps of thirty-seven Editors—specialists in their different departments, comprising the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the Medical Profession.

We have the assurance of some of the best medical practitioners that the service rendered their profession by this Annual cannot be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge.

Its index of New Remedies and Dictionary of New Treatment, epitomized in one ready reference volume at the low price of $2.75, make it a desirable investment for the busy practitioner, student and chemist.

Electricity in the Diseases of Women—With special reference to the application of strong currents, by G. Bettor Massey, M. D., Philadelphia. Second edition, revised and enlarged. Philadelphia and London. F. A. Davis, publisher, 1890, pp. 240. Price $1.50.

This work proposes to be a complete treatise on the electrical treatment of the diseases of women and it is a very interesting book. All of the good points of the first edition have been preserved and anything new up to date has been included in the present volume. B.

DANIEL'S

TEXAS MEDICAL JOURNAL.

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PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

Vol. VI. AUSTIN, APRIL, 1891. No. 10.

Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

For Daniel's Texas Medical Journal.

OBSERVATIONS ON THE AMŒBA COLI IN DYSENTERY AND ABSCESS OF THE LIVER.

BY GEORGE DOCK, M. D., GALVESTON, TEXAS.

[Read before the Austin District Medical Society at Austin, Texas, March 19, 1891.]

I PROPOSE to call your attention to some novel aspects presented by certain diseases which, in their ordinary forms, are well known to you—dysentery and so-called tropical abscess of the liver. This subject is always interesting since the former disease, if not the most common, is one of the most important in our latitude; whilst the latter, notwithstanding all that had been written on it, still remains one of the obscure diseases. It is at present of special interest because the researches I am about to

describe show a close association, if not causal connection, of a representative of that class of living beings amongst which we have reason to believe we shall find some of the clues to the labyrinths of the etiology of infectious disease.

At the lower end of the zoological scale are the protozoa, innumerable organisms whose structure, as shown by our most searching means of investigation, is of the utmost simplicity, but whose vital phenomena are often so complicated and at all times so recondite, that our knowledge, even of the commonest, is but imperfect and fragmentary. Many of these organisms, whole classes, in fact, are obligatory parasites, living in the body cavities or even in the cells of other animals or of plants. Among these minute animals we find the causes of many destructive animal and vegetable diseases, suffice it to mention malaria and the silk-worm disease and merely to allude to the diseases, often epidemic, of many esculents.

Amongst the most common, most simply formed, but not the most thoroughly understood of the protozoa, are the amœbæ; minute specks of living matter in which we can see little more than nucleus and contractile protoplasm. These animals acquire a new importance and demand further study, in view of the investigation I am about to describe.

The etiology of dysentery has remained an enigma to the present day. Many bacteria have been looked on by their discoverers as the causes, but none of them are well attested. This is an additional reason why the observations that follow have so great an attraction.

Aside from an observation by Lambl, quoted by Nothnagel and Leuckart, amœbæ as parasites of the large intestine were first discovered by Loesch, in 1873 (Virch. Arch. 65), and named by him amœba coli. The organisms were found in the feces of a patient with chronic dysentery. Improvement of the patient's condition coincided with the decrease and final disappearance of the organisms from the stools. Loesch injected fecal matter containing amœbæ into the intestines of four dgos. On three there was no effect, but in the fourth vomiting and diarrhoea ensued, with speedy recovery, but the feces contained bloody mucus in which numbers of amoebae were found. The dog was killed on

the eighteenth day. Its intestine was found inflamed, covered with bloody mucus and showing three superficial ulcers. In the mucus and in the floors of the ulcers were numerous amoebae.

Loesch thought himself justified in assuming that the amoebae irritate the intestinal mucous membrane and so hinder the healing of the ulcers.

According to Leuckart amoebae were found in the intestine of a child by Sonsino of Cairo. Grassi and Perroncito (Gazz. med. ital.—Lomb, 1879) found similar organisms in feces, but attributed no importance to them. It is not surprising to learn that Koch found amoebae in sections of the intestines from cases of dysentery, while investigating cholera in Egypt, but having his special work in hand he did not follow up the subject.

Since 1885 Dr. Kartulis of Alexandria, has published a number of observations, most of them in Virchow's Archiv. (Bd. 99 *et seq.*) as the result of which he came to the conclusion that the parasite under consideration is the cause of tropical dysentery. This belief was based on the fact that he found the amoebae in the stools of more than 500 cases of dysentery (by 1889), but failed to find them in other ulcerative intestinal diseases (enteric fever, tuberculosis). The parasites were found not only in the mucus, but also in the ulcers and in the deeper layers of the gut in fatal cases in which autopsies were obtained. In cicatrized ulcers the amoebae were not found. Kartulis described the amoebae as having all the characteristics of the common form. They measured from 12 to 30 micro-millimeters (those of Loesch 20-35), in diameter. Culture experiments were negative, as were attempts to infect guinea pigs, rabbits, dogs and monkeys.

Kartulis has also investigated the tropical abscess of the liver, in which he early found the amoebae. He divides these abscesses into two classes, excluding the pyaemic variety, which he calls idiopathic and dysenteric, the latter forming 55-60 per cent. of all cases. In the former various species of pyogenic bacteria are met with. In the latter amoebae were found in all (22) cases, sometimes with pyogenic bacteria and in one case proteus vulgaris. Kartulis explains the pathogenesis of the dysenteric liver abscess as follows: "In the ulcers of dysentery the amoebae often invade all the layers of the gut, especially the capillaries of the

submucosa. From there they wander through the portal vein into the liver, accompanied by detritus, blood corpuscles and various bacteria. The latter cause suppuration, but only in consequence of the local predisposition set up by the amoebae, for these, by means of lacerations of blood vessels, often cause important lesions. That the amoebae are of great importance in the production of liver abscess is shown by the fact that in Egypt, as elsewhere, typhoid and tuberculosis ulcerations of the intestine are seldom accompanied by abscess of the liver."

Kartulis has seen two cases of liver abscess with intestinal tuberculosis, and in these he found amoebae in the pus.

It would take us too far to follow Kartulis' description of the histology of liver abscess, which, aside from the part played by the amoebae, contains nothing new.

Kartulis has also found amoebae in the stools of two cases of dysentery in Athens (Ctlb. f. Bakt. u. Parasitenk. i. 90. 54), thus indicating a new area of distribution of these organisms.

An important contribution to the subject is furnished by Massiutin, from the clinic of Professor Loesch, in Kief. (Ctlb. f. Bakt., etc., ii., 1889, 451.) Massiutin found amœbæ in five cases, only one of which had the symptoms and stools of dysentery, the others being acute or chronic cases of intestinal catarrh without bloody stools. The organisms resembled in every particular those described by the authors already quoted. Massiutin combats Kartulis' view that the amœbæ cause the "bloody diarrhœa, as they are found in other intestinal diseases." He holds that the parasites reach the intestine through drinking-water and settle specially in the mucous membrane of the large intestine, provided they find the conditions necessary for their existence. He says, however, that "the intensity of the disease called forth by them depends on the number of the amœbæ."

In the abstract of the Russian observer's article, there are evident contradictions, which are the less important at present since the whole subject is still in the stage of inquiry. Kartulis very properly takes the ground that Massiutin is not justified in asserting that his cases were not dysenteric, but on the other hand it is too early to consider them to be such on the ground of finding amœbæ in them.

The next report on these organisms, and the first in the new world, was made by Dr. Wm. Osler (Johns Hopkins Hospital Bulletin, May, 1890). The patient was a physician who had acquired a chronic dysentery at Panama, and, returning to Baltimore, developed signs of abscess of the liver. The liver was aspirated and incised, and two large abscesses found in the right lobe. In the thick, creamy pus Dr. Osler found amœbæ in large numbers, and the organisms could be found in the pus removed at the dressings up to the time of the patient's death, two weeks later. Diarrhœa, with muscus, pus, blood and sloughs in the stools, was a marked symptom in this case, and the amœbæ were found in variable numbers in the different components of the stools. Dr. Osler's full description of the organisms proves them to have been similar to those described by other observers, though not reaching the maximum size.

Afterwards Dr. Osler and his assistants found amœbæ in several cases of dysentery and liver abscess. One of the most interesting, and practically most important, is the following, reported by Dr. Simon (Johns Hopkins Hospital Bulletin, Nov., '90):

The patient was a man of 29 years, who had been treated in the Philadelphia Hospital for pleurisy, on account of a pain in the side, and cough. Later he had bloody expectoration. Occasionally there was a little blood in the stools, but no diarrhœa. In September he entered the Johns Hopkins Hostital. He had then cough, and expectoration of bloody mucus. There were two or three small stools daily, containing mucus and blood. There were no chills, but fever, and at times sweats. On the day of admission, the expectoration was noticed to be of a peculiar rusty, reddish-brown color, and purulent. Actively moving amœbæ were found in it, a fact which at once called attention to the bowels and liver. After admission there was no diarrhoea, but usually one or two well-formed stools, in which were traces of blood. Amœbæ were found in these, in great numbers. The liver was enlarged posteriorly: There was dullness over the right lung, behind, but no sign of cavity. Beside amœbæ, the sputa contained blood, alveolar epithelium, and elastic tissue; no tubercle bacilli. Cough was the only symptom.

Several cases of dysentery with amœbæ in the stools have been

reported by Dr. Stengel (Medical News, November 15, '90) and Dr. J. H. Musser (University Medical Magazine, December, 1890), thus completing the not very extensive literature of the subject up to this time.

My own experience with the amœbæ coli includes twelve cases, brief histories of which I will let precede further remarks on the subject.

I. Man of 22 years, living in Galveston. Sick for three weeks, with continued fever, clouded intellect, and pain in the right iliac fossa. Stools loose at times, but not diarrhœal; no tenesmus or colic, and no blood. The case was considered one of typhoid fever by several physicians who saw the patient, until a few days before death. At that time, dullness was found at the base of the right lung. An exploring needle showed the presence of serous fluid. Fluid was also detected in the abdomen, so that it was thought there might be tuberculosis of the serous membranes. A day or two later, July 19, 1890, the patient died, and I was asked to make an autopsy, which was limited to the abdominal cavity.

The peritoneal cavity contained about two quarts of turbid serum with fibrin flakes. Between the liver and diaphragm was a large amount of bloody serum. The exploring needle had entered this. The right lobe of the liver was much enlarged, and adherent to the lateral abdominal wall. On loosening up the adhesions, I broke into an abscess cavity the size of a child's head, containing a pinkish pappy fluid with tags of necrotic tissue, some of large size, and of the most nauseating odor. In the left lobe was a necrotic focus the size of a cherry. The walls of the abscess were soft and ragged. From the ileo-caecal valve to the sigmoid flexure the walls of the colon were thick and gelatenous looking, the mucous membrane from black to deep red in color, and showing in the cœcum, when the process was most advanced, linear and follicular erosions and ulcers.

In the mucus from the colon and in the pappy fluid from the liver abscesses, large numbers of amœbae were found, but none were found in the softening focus of the left lobe.

II. R. H., age 42, came from Temple, Texas, and was admitted to St. Mary's Infirmary July 16, 1890. He said he had

been sick two weeks, with fever and diarrhœa. The stools were not examined carefully, but contained mucus and blood, and there was tenesmus at times, as well as colic. While in hospital the patient was in the typhoid state. Towards the end, consolidation of the lower right lobe of the lung became apparent, with enlarged liver dullness, and pain over the latter organ. The patient sank rapidly, and died July 25, 1890, and I made the autopsy at the request of the house surgeon, six hours later.

There was general peritonitis with sero-fibrinous excudate; inflammation of the colon from the caecum down, with large ragged ulcers; liver enlarged, pale yellow, and with an abcess the size of a fœtal head at term in the right lobe. The cavity contained dirty yellow matter of creamy consistency, and rather penetrating odor. There was purulent pneumonia of the lower lobe of the right lung. The other organs showed no special changes. Specimens of pus from the liver and contents of the colon were placed in clean, dry bottles, and removed for examination, but owing to the circumstances under which the autopsy was made, no other material was obtained.

The matter from the liver, examined microscopically, showed a few broken down and macerated pus corpuscles, occasionally a red blood corpuscle. The bulk of it was made up of granular detritus, cocci, long and thick bacilli, and amœbæ. The latter were present in enormous numbers, so that from ten to fifteen could be seen in a single field of the Zeiss DD. In the contents of the intestines the organisms were found, but not in such large numbers.

III. A. A., aged 31. In Galveston six weeks. Before that, while living on the main land, had malarial fever. Three weeks before admission, (Oct. 29, 1890), diarrhœa began. The stools, at first, were hard and passed with difficulty, and accompanied by blood. On admission the stools averaged two to three a day, with tenesmus and pain in the hypochondria. The dejections were characteristically dysenteric, with mucus, blood, pus and sloughs, having very little odor. Amœbæ were found in large numbers during a period of two weeks, including a relapse after normal stools had appeared. The relapse was preceded by the

reappearance of amœba in a small amount of pus adherent to the feces.

IV. A. D., aged 25. In this case the diagnosis of abscess of the liver was made by Dr. G. S. Sykes two months before the patient gave up work to undergo operation. Dr. S. could obtain no history of dysentery. After finding amœbæ as described below I examined the man carefully, but obtain no evidence of dysentery, diarrhœa, or other relevant symptom.

Dr. C. H. Wilkinson operated on the abscess November 1, '80, by resecting the eighth rib in the anterior axillary line. In the I reddish-yellow purulent matter and sloughs evacuated (2-3 pts). found amœbæ, as also in the pus removed at the dressings, but in the latter examinations the organisms were motionless, no doubt killed by the iodoform used in the tampons. The man died suddenly on the third day after operating, when an unexpected condition was found.

The course of the colon was M-shaped, the cæcum was deep and capacious, forming a pouch. On opening it its mucous membrane was found red and swollen and having numerous ulcers, from the size of a pin's head to some having a diameter of ½ by ¾ inches. They were almost all down to the muscularis, their walls slightly infiltrated. There were no ulcers, except in the cæcum, and redness and swelling extended but a short distance beyond. The abscess of the liver was small, its walls thick and dense, having had a tendency, no doubt, to healing. The cæcal ulcers contained active amœbæ and cercomonas. As causes determining death I found chronic parenchymatous nephritis, fibroid heart and retraction of the aortic valve.

V. and VII. Two cases of dysentery with classical symptoms and characteristic stools, in St. Mary's infirmary, in both of which amœba were found.

VI. F. P., aged 52. Dysentery began in San Antonio in August and continued to the time of admission to the Sealy hospital, November 22, '90. The patient had an uncontrolable desire to defecate from twenty to forty times a day. The evacuations were always bloody, sometimes looking like pure blood, at others resembling coffee grounds, or tobacco juice. Tenesmus was intense, sometimes lasting five to six minutes, without an

evacuation. There was pain and tenderness on both sides of the abdomen; the general condition was verybad. In the bloody mucus amœba were found, as also *cercomonas*. A certain amount of improvement followed the treatment in this case, though amœbæ could almost always be found. Albuminuria with casts, with œdema of the extremities and lungs, however, developed, and the patient died about a month after admission. An autopsy could not be obtained, but some time later the body turned up in the dissecting room. Owing to the imperfect injection the body was very much decomposed. The liver came into my hands later. It contained a large abscess, with thin necrotic walls. The pus was entirely disorganized, so that no histological elements, or amœbæ, if present, could be seen. By some mistake the intestines were removed from the body without inspection.

VIII. A. B., aged 42. This patient was admitted to the Sealy hospital December 2, '90, in a comatose condition, passing bloody stools involuntarily. No satisfactory history of his case could be made out. He died December 6, '90. In addition to various lesions of other viscera the colon showed exquisite dysenteric ulcers from the valve to the upper end of the sigmoid flexure. In the scrapings from the ulcers amœbæ were found in large numbers.

IX. Man of about fifty years, admitted to St. Mary's infirmary in delirium, became comatose and died, December 13, '90, before the case could be made out. Our interest in it lies in the fact that at the autopsy I found ulcerative colitis from the ileocæcal valve to the middle of the descending colon, most intense at the lower part. Amœbæ were found in the mucus and sloughs.

X. J. M., aged 41; returned from Nicaragua three months ago, where he had malarial fever, of which the blood examination shows no trace. Two months before admission (January 28, 1891) diarrhœa came on suddenly at night, with colic, frequent bloody stools, tenesmus, and rapid loss of strength. This condition ameliorated before admission, and he had partially formed stools. In one of them I found a small mass made up of pus and sloughs and containing amœbæ. They were found for several days, until the patient left the hospital, feeling well.

XI. Young man, in Sealy hospital, with two to three formed stools a day; pains in left side, but no colic or tenesmus. In a stool just as he was about to leave the hospital, believing himself well, I found the dejections formed and of natural color, but covered with a thin layer of blood, with a little pus. Under the miscroscope I found, beside pus and small sloughs, a number of active amœbæ.

XII. A patient of Dr. Hadra. Young man with diarrhœa, though without colic or tenesmus; with enlarged liver, and pain in abdomen. In a characteristic stool I found blood clots, rose-colored mucus, pus and sloughs,—some of considerable size,—and amœbæ. Dr. Hadra wished to explore the liver, but as the patient declined, refused to treat him, and I lost sight of him.

These include all the cases of dysentery I have seen since beginning the investigation. In the same period of time I have examined stools from all the other cases of diarrhœa, including several of enteric fever (two with autopsies), to which I had access. In none of them did I find amœbæ. Much as the cases cited vary in detail, they have two things in common,—ulceration in the large intestine and the amœbæ coli in the dejections. My experience, therefore, leads me in the direction of Kartulis' views. But, in the entire absence of analogies for such views, and the impossibility of using the experimental test—from our inability to isolate the organisms—we need a greater amount of testimony by far than has yet been brought forward, not only in regard to the presence of the amœbæ in certain forms of disease, but also to their absence in other processes.

All the observations cited indicate the necessity of new studies in the etiology of intestinal diseases; studies in which the amœbæ coli cannot be ignored.

Leaving this part of the subject let me call attention to some practical points brought out by these observations. In speaking of dysentery, we are too apt to forget that it is a clinical expression, and without an invariable anatomical basis. The fact that ulcerative diseases may exist in the intestine without the usual symptoms, has long been known, but is not sufficiently borne in mind. It appears from my histories that in only six cases was

there a history of dysentery. In two more it might have been elicited by careful investigation, but in four it was absent. In two of these autopsies showed that the lesions were limited to the caecum. At present no general diagnostic point can be made from this, but experience in other cases makes it very clear that had the stools been examined in these and the amœbae the result would have been at least not unexpected.

Cases I and II bring up an interesting point in regard to abcess of the liver. Frerichs held that typhoid symptoms do not occur in cases of tropical abscess. But a pupil of Frerichs', Dr. B. E. Hadra, called attention to the fact that we may have such symptoms with the large abscesses complicating dysentery in Texas, in the following words (*Transactions Texas State Medical Association, 1878*): "The acute form very often presents, in the first stage, the aspect of typhoid fever. There is restlessness, low delerium, increase of temperature, diarrhœa, puffiness of the bowels, etc. As in many cases the stools contain no blood at all, as the stools in other cases often resemble the pea soup defecations known as typhoid stools, an error is easily made."

So far the discovery of the amœbae has not cleared up our knowledge of the pathology of liver abscess. In the tropical abscess necrotic softening often preponderates over suppuration, and it may be that this is determined by the amœbae, either directly or indirectly by their effect on the bacterial organisms which accompany them, a supposition which can be tested by culture experiments. But all large abscesses of the liver do not contain amœbae, as Kartulis has shown. I have examined the contents of an abscess aspirated by Dr. Randall in the case of a woman with no history except that of the abscess. A wash-basin full of brick-dust colored creamy fluid was withdrawn, in which I could find nothing but well-preserved pus corpuscles, many haematoidin crystals, and granular debris.

Enough has been said to show that both for practical purposes, as well as etiological study, the amœbae coli is of great importance. A few words on the means of recognizing it will therefore not be superfluous.

In the examination of faeces it is better to have them as recent

as possible, and at the body temperature, but this is by no means absolutely necessary. In warm weather the organisms remain active even after twenty-four hours' removal from the body, and in cold weather the simple expedient of warming the slide over an alcohol lamp, is all that is necessary to bring out active motion.

The amœbae may be met with in all parts of the dysenteric stool. Most favorable to their discovery are small particles of pus, blood-stained mucus, or sloughs, and examinations of all of these are very instructive in many respects not necessary to discuss at present. Lowering a cover-glass on the drop selected, without much pressure, it should be examined by a moderately high power, about 400 diameters. If not in motion the organisms may be mistaken for degenerated cells or even starch granules, depending on the quantity of granular matter they contain. With a little experience, however, the larger ones can be recognized by their peculiar appearance, and on watching them a few moments the characteristic motion will show itself. In size the amœbae vary greatly. I have made many measurements, using a Zeiss DD with No. 3 micrometer eye-piece, and calculating the results from an object micrometer ruled in $\frac{1}{100}$ of a millimeter. The smallest I could recognize with certainty measured 13, the largest 37 micro-millimeters in diameter. Usually they are from 18 to 25, and those over 30 exceptional. In all the fine granular endosare, and the homogeneous ectosare can be made out, the former often filled with granules of variable size. In perhaps one-half a spherical, highly-refracting nucleus can be seen, lying in a clear vesicle. They also contain from one to many vacuoles, seldom a pulsating vesicle.

The inclusion of red blood corpuscles, leucocytes, bacteria and detritus granules is very common and can often be followed under the microscope. This, and the size of the larger ones, serve to distinguish them from degenerated epithelial cells, to which they have a certain resemblance. The latter, however, have larger and more distinct nuclei, and never, so far as I have seen, exhibit amoeboid motion in the stools. In their behavior towards acids and alkalis, iodine, etc., the amoebae coli do not dif-

fer from the common forms, so that detailed descriptions are unnecessary. Staining of the organisms is not very successful.

I made a number of attempts at cultivating the amoebae, in mutton broth, rice soup and liquid feces, but they always died in a few days, sometimes assuming an encysted appearance, with many vacuoles.

As to the source of these parasites we can only conjecture. The fact that several of the cases acquired their disease in Gaiveston, the water supply of which is all from overhead or underground tanks which collect from roofs, is of course an interesting one. I have made a large number of examinations of the sediment left on filters formed by tying towels over the faucets of three of these tanks and leaving them on for from an hour to two days at a time. Two of the tanks were overhead cisterns in the hospital grounds, one of which furnished drinking water, the other a wooden tank in the built-up part of the city. In all the filters I found the same things—low fungi, confervae, desmids, and a small paramecium, but no amoebae.

It will be remembered that in two of my cases cercomonas intestinalis was also found. Numbers of this infusorium were met with in the pea soup stools of a case of enteric fever (autopsy), but it, too, was absent from the drinking water examined.

From the testimony now before us we may conclude:

1. The amoeba coli is a parasite whose habitat is probably not circumscribed, having been found in Africa, Europe and North and South America.

2. It is probably a true amoeba.

3. It accompanies certain forms of ulcerative disease of the large intestine.

4. It is found in some cases in the abscess of the liver complicating those diseases.

5. We have no reason for ascribing pathogenic powers to the parasite, though the evidence is such that it offers a promising field for future investigations.

6. It probably has a certain value in the diagnosis of ulcerative diseases of the colon, and also as an indication of the efficacy of treatment.

For Daniel's Texas Medical Journal.

MANAGEMENT OF PEDICLE IN OVARIAN CYSTOMATA.

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OPERATIONS for the removal of ovarian cysts, though the tumor be enormous in its proportions and environed with complications innumerable, are of such acceptable frequency in this surgical era of ours, that the report of a successful result could but record one more to the already scores which have appeared in our medical journals for years past.

But when in our surgical course we find that certain procedures in technique fulfill the indications for which they are aimed and furnish conclusions, which to our minds, are fruitful in true worth, then to the profession do we owe such report and respectfully ask a just consideration.

Much has been written, and various have been the opinions of operators upon the method of treating the pedicle in ovariotomy. However, I wish only to call attention to one point in its management, which I believe has served well in one instance.

CASE.

Mrs. B., age 42; married; no children; menstruation irregular; feeble and emaciated; tumor had been noticeable for years back; Nov. 19th, 1890, made ovariotomy. Medium abdominal incision six inches in length; tumor polycystic in character; contents readily evacuated with Emmet's ovarian trocar. The attachments were extensive, requiring many ligatures while separating the bands between the omentum and abdominal viscera. After much careful work in the way of extricating the sac which was wedged and firmly bound down in the pelvis cavity, the entire ovarian sac was extruded through the abdominal incision. Observing all the antiseptic precautions incident to this stage of the operation, diligent search was made for pedicle attachment, which was located on the right side. Instead of a true narrow pedicle, as had been my good fortune to find in previous operations, there exist-

ed no pedicle, a contraction of the cyst wall, including the ovarian ligament, fallopian tube and broad ligament was the nature of the pedicle to deal with. This growth arose from or extended to the lateral border of the fundus uteri. So intricate was the connection of uterus and ovarian sac, that in tying the mass it was necessary to bring the ligatures within one-half inch of the uterine body.

The pseudo-pedicle was ligated with No. — antiseptic braided silk, the width of the cysto-uterine attachment being so great as to require the dividing of it into three sections, after which the tumor was severed about one and a half inches from ligature.

The gaping mouth of the exposed stump gave the appearance of a leather sack with a string tied near its end, showing conclusively to me that I had ligated or closed the sac itself and not tied off an impervious pedicle, as is the custom to find in such cases. The gravity of the attachments in addition to this huge exposed sac stump gave an ominous outlook for my patient. I apprehended subsequent septic infection from the sloughing of a pedicle of its proportions. While in a quandary what to do, I discovered that the investing peritoneum had been stripped from the tumor in my effort to pedunculate the mass, and that it had not been included in the pedicle ligation, I at once decided to utilize this valuable membrane to render the stump and the puckered hollow extremity perfectly aseptic, to cover and hermetically seal this exposed end with the thickened cyst peritonem, which I did by suturing with fine cat gut, using the continuous suture thus closing from view the stump end. The silk pedicle ligatures were cut short and the stump, or rather the uterus dropped back in the pelvic cavity. The rules attending the peritoneal toilette and closing the abdominal wound were scrupulously observed as in like operations.

With but a few disturbances, the patient went on to a favorable termination; and now at this writing is well, attending to her usual duties. It is my conviction that the manner in which I treated the stump contributed no little towards the recovery of my patient.

The tumor was large—weight 50 lbs.; the attachments were extensive; hemorrhage was considerable, and finally a tumor

without pedicle, therefore requiring an unusual degree of force in ligating off the sac, as well as the undue energy exercised in extruding the tumor while separating its attachments. With these complications, I could but feel that a subsidiary evil, as a sloughing or septic stump, would be disastrous to my patient.

It is remarkable to suppose that a large ovarian stump, created from the sac itself, its distal end gathered in folds which of necessity formed crevices and cavities numberless, would be a convenient receptacle for retention of matter and to consequent septic changes. On the other hand, I contend that it is rational, that when this stump and its stump cavity is rendered perfectly aseptic, trimmed of redundant tissue, neatly and securely covered with a vascular membrane such as we find in the peritoneum, that the adhesive inflammation which occurs will be rapid in progress, the plastic exudate speedily organize, the formative cells develop new blood vessels, which in turn will supply tissue nutriment to the strangulated extremity, presenting in due time a stump possessed of independent and vital support.

For Daniel's Texas Medical Journal.

IMPROPER USE OF ANTIPYRINE, ANTIFEBRINE, PHENACETINE AND ACETANILID.

BY S. LEARD KEOWN, M. D., COMANCHE, TEXAS.

HIGH FEBRILE ACTION being so common a symptiom in most diseases engaging our attention, it is not surprising that these agents, capable as they are of reducing an elevated temperature so rapidly, and therefore used so much, are occasionally misapplied. When these remedies made their first appearance, a few years ago, I took to their use with some degree of caution, believing that any agent causing such rapid decline of temperature inevitably made a considerable impression in some way upon the system. The rule I at first adopted, and have ever since observed, as to their use, is to restrict their employment to cases of high febrile action having a hot, dry skin and full

bounding pulse, always taking the temperature before giving a dose.

The physiological action of these coal tar products is very nearly the same. Having confined myself to the use of acetanilid almost to the exclusion of the others, which I have done because of its cheapness, and believing it fully as good, I am not prepared to discuss the points of difference said to exist between them. Taken into the stomach, they are quickly absorbed by the blood, where their primary action may be said to occur. Here they break down the corpuscular elements, arresting their movements, so that whatever abnormal element the blood is at the time charged with, the same is cut off from the bodily tissues, and the process of repair arrested, temporarily suspending the heat-making process. Their secondary action is upon the nerve centers of the cerebro-spinal and sympathetic systems, which are depressed, allowing of vascular expansion which spreads the blood over a larger area, allowing it to cool more rapidly. Coupling together the primary and secondary actions of the drugs in question, both of which have a decided tendency to lower bodily heat, we can easily understand why they are so energetic in producing their results.

The constant and free use of these remedies in a case of continued fever is calculated to very materially damage the blood, should the nerve centers happily escape their secondary action. In any condition of fever where there is cold surface and slight relaxation of the vaso-motor centers, evinced by low arterial tension, it is dangerous to use either of the articles in question, notwithstanding you may have a considerable amount of fever to combat. A few words may be said here of their use in headaches, where they have proven themselves of great value. Where headache is due to a determination of blood to the brain, to contraction of the capillary system giving rise to passive hyperæmia or to some abnormal material in the blood, these agents are indeed of very great value. There is a class of headaches very often met with in overworked persons in which we find a want of tone, and relaxation of the nerve centers; here we should be careful not to use them.

This subject may be more clearly elucidated by reporting a few cases coming under my observation:

CASE I.—A little girl, age six, had remittent fever. Not until the sixth day was a physician called, who found her temperature quite high, for which he left several doses of antifebrine, with directions to give a powder every two hours till fever was reduced. The first dose caused free perspiration, and no doubt would have benefited the patient if it had been followed by quinine. The parents not having used the drug before, and being poor nurses, not knowing, really, whether the fever was declining or not, gave the second dose very soon, after which the symptoms became alarming. The attending physician being away at this time, I was called, and found the patient in a profound state of collapse from which she never rallied, although bimuriate of quinine was used hypodermically, alcoholic stimulants freely used, bottles filled with warm water put near the body and mustard plasters applied to the surface of the spine and extremities. As soon as the attending physician returned, we used strichnia hypodermically. By these means she was kept alive twenty hours, finally dying in a collapsed state.

CASE II.—A young man about nineteen, had malarial continued fever which lasted about four weeks. He was attended by a physician of more than average ability, the treatment used being proper in every detail, except there was a too free use of antipyrine. When the fever subsided he was anæmic, and notwithstanding good feeding and appropriate nursing, he died from exhaustion, after having been clear of fever for about ten days.

CASE III.—Little boy about four years old had catarrhal continued fever. He had good medical attention and careful nursing. A free use of acetanilid was made, till on one occasion considerable depression followed after a dose was given, after which it was used with more caution. For seveyal days before he died the temperature would advance after a dose of acetanilid was given. His fever suddenly rose about twenty-four hours before his death. The drug was again used, which was followed by an anaemic state of the brain with fever advancing to 106° in which condition he died.

CASE IV.—A lady about forty was taken with remittent fever.

On the fourth day the temperature, which had previously ranged from 103° to 105°, went to 107°. Acetanilid had been freely used, and at this rise of temperature the remedy was *increased*. Two hours after the temperature had advanced to 107° it reached 109°. The wet pack—ice locally applied—and every available means was used to reduce the temperature, which fell to 106°, where it remained till death, which occurred in a few hours.

CASE V.—Boy, age 11 had malarial continued fever. Was attended by a skillful physician, and had splendid nursing. About the fifteenth day his fever ran higher. Acetanilid was given by his parents; collapse followed, from which he never recovered, though he lived over twenty-four hours.

CASE VI.—A young lady about twenty years of age, suffering with malarial continued fever. Her symptoms were of mild character during the first three weeks, fever ranging from 101° to 102°. During the fourth week fever advanced to 103°. The attending physician had not seen her in several days, and her parents, attempting to reduce the fever, gave a dose of antipyrine, soon after which her temperature rose to 106°. The doctor was called, who found, upon reaching her, a cyanosed condition of the skin, weak, irregular pulse, cold extremities and chilliness of the surface. At his suggestion consultation was called for, and I reached the case a few hours later, by which time her condition had improved uuder the use of bottles filled with warm water placed around her body, and friction applied to the surface. As the circulation continued to improve the fever declined to 102°. A few hours later, fever rose to 105°, for which a moderate dose of antipyrine was given, which again produced slight cyanosis without reducing the fever. No further use of the drug was made in her case, baths being resorted to for advancing temperature, and she is, at time of this writing, fairly convalescing.

I do not wish to create a prejudice against these potent remedies, which I consider a valuable addition to our materia medica; but only desire to caution those using them against carelessness in their application. The condition of the patient, as already referred to, must be observed, and the effects of the drug carefully noticed. The practice which has grown so common among laity of using these agents, indiscriminately, should be de-

nounced as dangerous, When used by a competent physician, capable of observing the conditions of the patient, especially as relates to the circulation, and one who understands their physiological action, no harm may be expected to follow their use, but instead we can expect to accomplish a great deal by way of reducing fever and relieving pain.

For Daniel's Texas Medical Journal.

HÆMATINURIA VS. MALARIAL HÆMATURIA.

BY F. E. YOUNG, M. D., BROWNWOOD, TEXAS.

IS THERE such a disease as malarial hæmaturia? Is not this nomenclature liable to mislead one not acquainted with this so-called disease (malarial hæmaturia) which I think is entirely symptomatic? Literally haematuria means, voiding blood by urine. This so-called malarial haematuria is not a true haemorrhage in any sense, but merely a pseudo-haemorrhage. From clinical observation and the pathology of the disease of which this is a sympton, (malarial poison) I think that haematinuria would be a more correct name and not so misleading, as it is the haematin thrown off with the urine from disintegation of the red blood corpuscles caused from malarial poison.

Some writers seem to think there is an additional cause, as they speak of there being more some special years than others. If *those* writers would stop and consider a moment, this would no doubt recall to mind the fact that those special years were excessively wet years, and hence a greater amount of malaria. Other writers also speak of sex and complexion being of more or less importance, as they claim that males are more prone to suffer from this so-called disease than females, as are likewise brunettes than blondes. My experience, to a certain extent, has proven the reverse, as I have treated a larger number of blondes than brunettes. The difference in experience of different observers, with regard to sex and complexion, is likely a coincidence.

SYMPTOMS AND COURSE.

The condition resembles, in a great many respects, an ordinary case of pernicious fever, and in fact, is produced by the same cause, malarial poison. The patient has a cadaverous appearance owing to the loss of the coloring matter of the blood, which is often mistaken for icterus, or, as some term it, "extreme bilious condition." This death-like look and so-called haemorrhage comes on soon after the malarial paroxysm. There is general restlessness and sighing, caused by the breaking down of the red blood corpuscles, thus destroying their function as oxygen carriers, as well as shock to the nervous system from the same cause. The countenance is anxious; this is caused from fright, very often on account of its past fatality. The symptoms are so pathognomonic it is at once recognized by both patient and friends wherever it is indigenous. The tongue is either pale or furred or natural. Sometimes there is great thirst, with a sense of internal heat; the stomach is excessively irritable, and vomiting very common of mucus or muco-serous, or even a chocolate looking substance; then again having a bluish-green appearance, caused by decomposed secretions of the stomach, which is often mistaken for bile; the respirations are often irregular, and interrupted with a sense of oppression; restlessness is usual, but the mental faculties generally remain clear. The urine is of a dark color, and resembles blood, owing to the presence of haematin. Neither fibrin nor corpuscles are present. Albumen is often found, as in other cases of pernicious fever.

TREATMENT:

There is but one remedy worth naming, and that is quinine. All others that have been tried have proven worthless, and are liable to injure the patient. The condition under consideration is produced by malarial poison. All observers agree on this point. This being the case, is it not plain that quinine, being almost a specific for all morbid conditions produced by malarial poison, would be the only remedy in this case? I take the same position as my friend, the late Austin Flint, M. D. In speaking of the treatment of malarial fever and their morbid conditions, he

says: "It is always desirable to arrest the disease as speedily as possible; its morbid effects are less in proportion as it is quickly arrested, and the liability to relapse diminished." There is no need of preparatory treatment; begin with quinine at once, and give from 40 to 60 grains within the next ten hours following the paroxysm; any more would not likely be absorbed. Never use haemostatics of any kind. Morphine should never be used under any consideration, as it arrests the secretions sooner than any other agent that we can use, by its direct effect on the pareuchymatous structure of all the viscera, more especially the malpighian bodies of the kidneys; they become dammed up with the sediment of the urine which causes them to "strike work," thus converting a simple trouble, into an incurable one, viz: uremia. I have always resorted to potassii bromidum and chloral hydrate to quiet the restlessness. When the nausea is too great to give it by mouth, I give it per rectum, and also feed the patient the same way. Alcoholic stimulants should be used, and the diet should be of the most concentrated nourishment, such as soft boiled eggs, milk, etc. After the acute symptoms pass off, and the urine clears up, it is well to begin with ferruginous tonics and flesh producing agents.

For Daniel's Texas Medical Journal.

CANCRUM ORIS.

BY W. P. FLEMING, M. D., GEORGETOWN.

Read before the West Texas Medical Association.

ANY INFLAMMATION of the mouth may be attended with ulceration, but the complaint here referred to is essentially ulcerative, appearing in this form at the commencement, and presenting characters which entitle it to rank as a distinct affection. The complaint usually makes its appearance in the gums or inside of the cheeks or lips, though it may occur in any part of the mouth, or in the fauces. When first noticed it is in the form of an ulcer, often of considerable size, with a yellowish-white or

grayish surface, and an inflamed border. The neighboring parts are also inflamed and swollen, and, when the ulcer is in the cheek or lips, the tumefaction is observed externally, the cheek of the side affected being red, shining and prominent. The swelling in the mouth is sometimes so considerable as to render an examination of the sore difficult. There is a very copious flow of saliva, and the breath is very offensive, though the fetor is distinct from that of gangrene.

The causes of cancrum oris are obscure. It generally occurs in children from two to six years old, has been ascribed to a debilitated habit of body, arising from deficient or improper food, bad air, etc., and I think in a great measure to malarial influences.

I was called to see Mrs. C., aged 23 years, who had been subject during the fall to spells of intermittent fever, for which antiperiodics had been given, disposing of the fever, which fevers originated from exposure in a tent to which she was unused, during the summer and fall months, and the prevailing malarial cause of the locality. On the 15th of March, at the close of the last intermittent, some swelling of the upper portion of the face occurred, and about the eyes, on the two succeeding days swelling or the throat and cheeks took place, during which time the peculiar smell of cancrum oris was perceptible. Upon examination the fauces and left cheek were found inflamed, as well as the tongue to some extent. Situated upon the soft palate, immediately on the right side of the uvula, was situated a buckskin-colored patch of dead tissue, eliptic in shape, about the size of a lima bean.

Intermittent returned on the 23d, for which she was prescribed for on the 21st; a slight intermittent on the 21st; which went off without subsequent return. During the 20th much more nausea than usual was experienced, strong inference arose that it proceded from the swelling of the dead tissues, for at that time upon examination it was found to be cast off from the surface of which it had formed a part, leaving some remnants of it still adhering. On the 23d the surface was free, granulating and healthy, without fever, and without difficulty and inconvenience in swallowing or eating. My treatment in this case was a tonic for the begin-

ning, of tinc. ferri mur. and quinine, touched ulcers with a solution of sulph. zinc. 15 gr. to the ounce of water; this was applied four times a day.

For Daniel's Texas Medical Journal.

TRACHEO-LARYNGOTOMY.

BY D. B. M'GEHEE, M. D., BROWNWOOD.

IF YOU will kindly lend me space in your valuable journal, I will give you the notes on a case of foreign body in air passages, and operation for same.

Case: Iler A., female, age, 6 years, healthy robust child, while playing with some other children, July 6, 1890, was supposed to have sucked one, of some No. 3, buckshot into her trachea; but on examination I concluded it was a "false alarm," and returned, directing to be summoned if any symptoms developed. Heard nothing more from the little patient till July the 9th, when I was called in great haste. This time physical examination revealed total absence of respiratory murmer on right side, but no dullness; there was slight cough with expectoration of some little blood, no pain. I took the little fellow up in my arms, with the body inverted, and attempted to make her expel the offending body by force of gravity. Upon auscultation, I found the foreign body had changed sides; and was now in left bronchus, producing some physical signs as before, only on opposite sides. I then informed the parents that an operation was imperatively demanded, to which they readily consented. So next morning (July 10th,) I in company with my friend Dr. Y., repaired to the house of our little patient and did a tracheo-laryngotomy, by which we succeeded in removing a No. 3 buckshot, after some little difficulties, owing to its leaden nature. I do not mention this because of any peculiarity attached to the operation, but of the rarity of leaden missiles getting into the air passages, and the liability of some unwary fellow to mistake it for pneumonia, as an M. D. (!) was passing this gentleman's house the day before we operated, and diagnosed pneumonia, warning the family against allowing an operation.

MEDICAL LEGISLATION—QUARANTINE BILL.

[This is the old law remodeled, stripped of its absurdities and converted into a system probably as perfect for protecting the State against epidemics as can be devised. It was framed under State health officer Swearingen's directions; was introduced into the House by Judge McKinney and referred to the Committee on Public Health, of which Dr. Setlman, of Smith county, is chairman, and by the committee approved as amended and recommended for passage.—ED.]:

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* That the governor is empowered to issue his proclamation declaring quarantine on the coast or elsewhere within this State, whenever in his judgment quarantine may become necessary, and such quarantine may continue for any length of time as in the judgment of the governor the safety and security of the people may require.

SEC. 2. It shall be the duty of the governor of the State of Texas, and he is hereby authorized and empowered to select and appoint, by and with the advice and consent of the senate, from the most skillful regular physicians of the State of Texas, one physician who shall be known as Health Officer of the State, who shall from previous and active practice be familiar with yellow fever and pledged to the importance of both quarantine and sanitation.

SEC. 3. Such health officer shall, during the time he is actively engaged in public duty, receive for his services ten dollars per day and all necessary traveling expenses, a bill of which must be made out in detail, then approved by the governor, on which approved account the comptroller shall issue his warrant on the treasurer for the amount of such approved account.

SEC. 4. Whenever the governor has reason to believe that the State of Texas is threatened at any point or place on the coast, border or elsewhere within the State with the introduction or dissemination of yellow fever contagion or any other infectious contagious disease that can and should, in the opinion of the State health officer, be guarded against by State quaran-

tine, he shall, by proclamation, immediately declare said quarantine against any and all such places and direct the State health officer to promptly establish and enforce the restrictions and conditions imposed and indicated by said quarantine proclamation; and when from any cause the governor cannot act and the exigencies of the threatened danger require immediate action, the State health officer is empowered to declare quarantine as prescribed in this article and maintain the same until the governor shall officially take such action as he may see proper.

SEC. 5. The laws in regard to State quarantine shall remain and be in full force and operation on the coast or elsewhere in the State as the governor or health officer may direct and be enforced as heretofore with such additional changes as the provisions of this act prescribe and with such additional changes in station and general management as the governor may think proper.

SEC. 6. The law in regard to local quarantine by the inhabitants of any point or points on the coast or elsewhere in the State shall remain in full force when in conformity with this act; *provided*, that in all differences and disputes between any such points, contiguous or remote within this State, such differences and disputes shall be immediately by the local health authorities, if any, and if none, by the inhabitants themselves reported and submitted to the governor, and on the receipt of such report he shall forthwith order the State health officer to such points with instructions to investigate the same and report the exact condition of things, and upon investigation of such report shall issue his proclamation declaring the determination of the issue and by said proclamation the aforesaid differences shall be governed and determined.

SEC. 7. Said health officer shall give a bond with two good and sufficient sureties in the sum of ten thousand dollars, made payable to the governor, to be approved by him and conditioned for the honest and impartial performance of his duties; and such health officer shall hold his position for the term of two years, subject, however, to removal at any time by the governor, whenever, in his judgment, the public good demands such removal.

SEC. 8. Whenever quarantine is declared by the governor or

by any county or corporate authorities in the State, it shall be the duty of such authorities to establish a quarantine station or stations, where any person may be detained for such length of time, as, in the discretion of the quarantine officers, the public safety may demand; *provided*, that all county and municipal quarantine shall be subordinate, subject to and regulated by such rules and regulations as may be prescribed by the governor or State health officer.

SEC. 9. It shall be the duty of the State health officer to furnish persons detained by him with necessary shelter and subsistence (not including crews of vessels, except such as are removed by the quarantine officers from infected vessels), and to provide all other things essential for the protection and comfort of those held in quarantine, and all such expenses, authorized by the State health officer and approved by the governor, shall be paid by the State.

SEC. 10. All the cost and expenses of enforcing and maintaining the general quarantaine, or such as are ordered by the governor or State health officer, shall be paid out of the fund appropriated for quarantine purposes. All quarantine officers appointed by the governor shall be selected and commissioned by the governor of the State, and shall be paid by the State, and all health authorities of the State or of any county or city thereof, shall obey the rules and regulatons, prescribed by the governor or State health officer. The regular officer in charge of regular established quarantine stations on the coast shall be allowed ten dollars per day while on duty; temporary officers or those commissioned by the governor to guard against threatened epidemics or those temporarily assigned to duty by the State health officer of the State, under the provisions of section 4, of this act, shall be allowed and paid not more than five dollars per day, and such other pay for extra expenses actually incurred as may be deemed just by the governor and State health officer. All quarantine officers, whether of towns, cities, counties or State, shall be authorized to administer oaths to any person or persons suspected of violating any quarantine regulations; and any person or persons swearing falsely shall be punished according to the provisions of the penal code.

SEC. 11. Whenever on the coast of Texas or elsewhere in this State the authorities of any county, town or city fail, refuse or neglect to establish quarantine as provided in the preceding article, then and in that event the governor shall have the power, and it shall be his duty to appoint a health officer, and to prescribe such regulations for the government of the same as he may deem necessary.

SEC. 12. Any vessel arriving at any of the quarantine stations of this State, designated by the proper authorities, from any infected port or district, without a clean bill of health from the proper officers from said port or district, shall be taken possession of by the health officer, or other quarantine authority, at the station at which said vessel arrives, and be held by the same until all fines that may have been assessed against the master of said vessel for a violation against the quarantine laws, rules and regulations, shall have been paid, or until said vessel shall have been replevied in accordance with law.

SEC. 13. The payment of the fine which may be assessed against the master of such vessel, shall not operate as a release or discharge of the vessel from quarantine, but the same rules shall apply as in case of other vessels placed in quarantine.

SEC. 14. It shall be the duty of every county judge within the State of Texas, after each general election of State and county officers, or as soon thereafter as practicable, to select from the physicians of the respective counties, one of high character and recognized ability, who shall be known as "county physician." It shall be the duty of said county physician to establish, maintain and enforce local quarantine for his county whenever declared by proclamation of commissioners' court, to furnish supplies, select medical assistants, guards, and perform all other duties coincident to a reasonable, economic and consistent quarantine. The salary of county physician must be agreed to and be paid by their respective counties, but the county physician shall receive no salary except when quarantine has been established and he is actually engaged in such service. County physicians shall in all quarantines establish rules in harmony and accord with the rules prescribed by the State health officer, shall respect and obey instructions from said officer, and make written

reports to him of their official acts, whenever required to do so, giving cause and history of epidemic, number of deaths and recoveries, and all other facts of statistic or scientific value.

SEC. 15. Whenever the commissioners court of any county has reason to believe that they are threatened at any point or place within or without the county limits with the introduction or dissemination of a dangerous contagious or infectious disease that can and should be guarded against by quarantine, the commissioners court shall direct their county physician to declare and maintain said quarantine against any and all such dangerous diseases; to establish, maintain and supply stations or camps for those held in quarantine; to provide hospitals, tents or pest houses for those sick of contagious and infectious disease; to furnish provisions, medicine, and all other things absolutely essential for the comfort of the well and the convalescence of the sick. The county physician shall keep an itemized acount of all lawful expenses incurred by local quarantine, and his county shall assume and pay them as other claims against the county are paid.

Chartered cities and towns are embraced within the purview of this article, and the mere fact of incorporation does not exclude them from the protection against epidemic diseases given by the commissioners court to other parts of their respective counties. The medical officers of chartered cities and towns can perform the duties granted or commanded in their several charters, but must (if the county physician is not, as is frequently the case, the city physician also) be amenable and obedient to rules prescribed by the State Health Officer.

This article, however, must not be construed as prohibiting any incorporated town or city from declaring, maintaining and paying for a local quarantine.

SEC. 16. The quarantine, or health officer, at Galveston, Texas, shall give bond, with two or more good and sufficient sureties, payable to the Governor, in the sum of $10,000, conditioned for the care and preservation of any vessel or vessels at his station, and for the faithful performance of his duty.

SEC. 17. It is hereby made the duty of the Governor and State Health Officer, upon completion of the disinfecting ware-

house at Galveston, or any port of the cost of Texas, to prescribe such rules and regulations as may be necessary for the disinfection of all vessels, and their cargoes and passengers, ariving at said ports from any infected port or district, the object of such rules and regulations being to provide safety for the public health of the State, without unnecessary restrictions upon commerce and travel.

SEC. 17. All laws and parts of laws in conflict herewith are hereby repealed, and all penal statutes heretofore enacted to punish violators of quarantine laws and rules, shall remain in full force.

SEC. 19. There being no law upon the subject of quarantine adequate to the protection of public health, and the near approach of the season of the year when quarantine will have to be declared, a public necessity and an emergency exists requiring the suspension of the constitutional rule requiring bills to be read on three several days, and that this act take effect and be in force from and after its passage, and it is so enacted.

Society Notes.

Meetings of State Medical Associations.

Washington.—At Seattle, May 6th, 1891. We observe with pleasure, that our friend, an ex-member T. S. M. A., Dr. Wm. Caston, late of Corsicana, Texas, now of Spokane Falls, Washington, is chairman of Section on Ophthalmology and Otology.

Congress of American Physicians and Surgeons.—The meeting of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 p. m., September 22nd, 23rd, 24th and 25th, 1891. William Pepper, chairman of Executive Committee.

American Medical Association.—Washington, D. C., May 5, 6, 7 and 8, Dr. George Dock, of Galveston, is Secretary to Section on Practice.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett. Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

MEDICAL LEGISLATION—THE QUARANTINE BILL.

In our last issue it was announced that the bill to regulate the practice of medicine, prepared by the Association's committee had been killed in the Senate by amendments; that it had then been indefinitely postponed, and in a P. S. it was announced that a motion to reconsider the motion postponing it indefinitely ha prevailed, and the bill was again "up in the Senate." The latter statement was a little premature. The motion was reconsidered —thus restoring the bill to its former status—liable *to be* brought up again. But since that time nothing has been done. So much legislation of another character was pressing that it has not been possible for the friends of the bill to get a hearing. Meantime, a friendly Senator, at the suggestion of friends of the medical bill, re-enacted the penal statute relating to practice, as it appears on the books, omitting the line or clause which, in 1876, was inserted by the friends of the opposition, which clause exempted from examination all holders of diplomas. This is the clause or amendment which, it is understood by the profession, operated to emasculate the bill. Of course, there are other defects; too many boards; boards appointed by county judge, etc.; but it was thought if we could get the present law so amended as to make

it operative, by defining the offense of practicing medicine without license, (which had been omitted in the original draft), and by striking out the clause referred to above, it would be as much as could be expected at present, and would, really, give us a very good law. But, to date, our Senator friend has not had opportunity to get his bill before the Senate. So, we may say, medical legislation (or the lack of it) remains, at this writing, *statu quo.*

However, something has been done looking to improving our present health laws. Representative McKinney, of Walker county, with the aid of our very popular health officer, Dr. Swearingen, has prepared a bill,* which, in effect, organizes internal quarantine. Our present law provides protection against invasion by land or by sea, but heretofore there has been no provision for internal sanitation—no understanding as to what is to be done in case of small-pox, diphtheria, cholera, etc., breaking out in the interior. This bill, as will be seen, organizes health authorities in each county and city, and makes them subordinate to the State Health Officer.

As far as it goes, if passed, the bill will do very well; it provides for a necessity long felt, and, doubtless, it will work well, as the subject has been long and seriously thought of and studied by the State Health Officer. And, inasmuch as the Commissioner of Statistics and Agriculture is authorized to secure and preserve vital statistics—this bill, if passed—may supercede the necessity for a State board of health; and the expense of operating it, added to that of the quarantine as it stood, will be, perhaps, less than the cost of a bran new board of health. At any rate, it is the best that can be done at present, as the people and the legislators—judging alone by the fact that Texas has had no epidemics in years—are wedded to the present law, and could not easily be induced to give it up and try a new one. As will be seen, also, the expense, in case of outbreaks in the interior, does not fall entirely on the State, which is very proper. It has always been the JOURNAL'S pet idea, in view of the objections pointed out above, to enlarge upon the quarantine law, so as to make it embrace vi-

*Published in this number of the JOURNAL.

tal statistics and internal sanitation, in place of attempting to create a State Board *de novo.*

This bill will probably be acted upon in the House, ere this reaches our readers; but whether it will make the round trip before adjournment, or not, is just one of those things which cannot be foreseen. We shall see.

P. S. The bill passed the House on the 10th inst., with only nine dissenting votes.

PAY-DAY.—We hope, our friends will bring along an extra $2 bill with them to Waco, to pay for the JOURNAL; and we ask all our old friends and subscribers to interest themselves in getting their professional friends to take the JOURNAL. If three or more will club their subscriptions, a discount of one-fourth, or 50 cents, will be allowed on each. It is impossible to put a sample copy into the hands of every physician; and it is only necessary for an intelligent non-subscriber to see the JOURNAL, to appreciate the fact, that a strenuous effort is being made in behalf of legitimate medicine, and the advancement of medical science in Texas, and he will subscribe at once. Nothing succeeds so well in getting subscriptions as personal solicitation. Show your JOURNAL to your friends, doctor, and ask them to join you in making up a club. The JOURNAL is worthy of support; it has been pronounced by the entire medical press "*creditable to the profession* in a high degree."

A gratifying indication is the fact that recently the JOURNAL, without solicitation, has been ordered by a number of the most prominent north Texas physicians. They wish to keep up with the music of progress.

DR. DOCK'S ARTICLE will be read with much interest, not only in America, but in Europe, it being, we believe, the fourth report of original research upon the *amœba coli*, published in this country. If the doctor has not demonstrated the relation which always exists between this organism and the disease, he has at least pointed to a strong presumption of causation, in a large number of cases. Dr. Dock is an enthusiastic and very skillful

worker in the field of pathology and bacteriology, and has doubtless a brilliant career opening up to him.

THE PEDICLE.—Should future cases present similar opportunities, and further experiences confirm Dr. Walker's views, he has made a contribution to the technique of ovariotomy, of no small value. Read the paper on page 432 in this issue. Dr. Walker found no pedicle, but had to amputate through the portion of the tumor constricted by the ligature. Here then, was an unpleasant dilemma: what to do with the jagged surface so calculated to harbor septic matter? The doctor was equal to the occasion, and promptly covered the raw surface with a fold of peritoneum. The case illustrates the necessity for a surgeon to possess good common sense, as well as scientific knowledge.

THE IMPROPER USE OF ANTIPYRETIS.—Every physician should read Dr. Keown's paper in this issue. While the Doctor would not appear as an alarmist, he very properly points out the necessity of great care and discrimination in the use of the coal tar products, and shows by a rather extraordinary experience and observation, that improperly or injudiciously used, they, or some of them, at least, are very *dangerous*. It is a valuable paper.

Medical News and Miscellany.

Travis County Medical Society Delegates—Dr. T. D. Wooten, W. A. Morris, J. M. Litten, Q. C. Smith, A. N. Denton.

At the Post Graduate.—Drs. W. T. Strain, of Will's Point, and J. M. Fry, of Elmo, are attending the St. Louis Post Graduate Medical College. Dr. Strain is the JOURNAL'S authorized representative.

Samples Free—Messrs. W. R. Warner & Co.'s agent being unable to attend the Waco meeting, has sent a lot of samples o

their splendid pharmacentical preparations to the General Secretary for free distribution. They will be exhibited and labeled: "Take a Sample—Warner & Co.'s Compliments."

Last Warning.—Let applicants for membership at the Waco meeting of the Texas State Medical Association, April 28th, inst., not forget to *bring diploma*; and let members remember that payment of dues is imperatively necessary. "No dues, no badge," says our sagacious Treasurer, and adds: "Must obey orders if it break owners."

Dr. E. J. Beal, of Fort Worth, Texas, has received, direct from Dr. Libbitz, of Berlin—the only authorized person to distribute it—a supply of Koch's lymph, and writes the JOURNAL that he will use it shortly in a case of incipient phthisis. Dr. Beal invites correspondence with physicians who have patients who desire to receive the new treatment.

New Made Texas Doctors.—The closing exercises of the Texas Medical College and Hospital, at Galveston, were held on the 15th ult., Professor West delivering the valedictory on behalf of the faculty. Drs. J. A. Winfrey and W. B. Grace, having completed the required three years courses, and stood excellent examinations were graduated and given diplomas. Dr. Winfrey will locate at Fowler, and Dr. Grace at Iredell, Texas.

Married in Vicksburg, Miss., by Rev. Henry Sansom, Rector of Christ's church, March 31st, ult., Mr. Robert Patrick Daniel, of Chihuahua, Mexico, son of Dr. F. E. Daniel, of Austin, Texas, to Miss Roberta Banks, daughter of the late Dr. R. Bruce Banks, of Mississippi. Dr. Banks was Jeff. Davis' Regimental Surgeon in the Mexican war, and was also a distinguished Confederate surgeon. Mr. and Mrs. Daniel will be "at home" in Chihuahua, after June 15th.

Small-pox.—The reports of small-pox in Texas are greatly exaggerated. There is some small-pox at several points, but as a case makes its appearance it is promptly isolated and guarded, and in no instance has it spread beyond the camp. The disease

cannot be said to be prevailing. We have received several letters of inquiry as to safety in traveling in Texas. If a person be protected by vaccination there is no danger in going anywhere in Texas. Without vaccination it is not safe to travel at all—anywhere.

Austin District Medical Society delegates to Waco meeting, 17—(89 members):

Drs. J. A. Davis and J. Cummings, Austin; A. Garwood, New Braunfels; R. P. Talley, Temple; R. Atkinson, San Marcos; W. H. Holloway, Round Rock; F. R. Martin, Kyle; G. W. Christian, Burnet; J. W. Hamilton and J. W. Carhart, Lampasas; L. H. Hardy, Paige; H. H. Thorpe, Liberty Hill; B. E. Hadra, Galveston; W. H. Barnwell, Webberville; S. Cunningham, Elgin; W. T. Richmond, Manor; J. S. Poyner, Bartlett.

"**Resolved**—That the general secretary be authorized and empowered to employ a competent stenographer and type-writer, to assist in reporting the discussions and proceedings of the Association at each meeting." Resolution by Dr. West, adopted at Fort Worth, April, 1890.

In pursuance of the above the Secretary has engaged the services of Mr. F. C. Pierce, of Dallas, to attend the meeting at Waco. The Secretary is amply able to take down the proceedings, and has done so, satisfactorily, we believe, for several years; but, not being a short-hand writer, it is impossible for him to secure *verbatim* reports of the discussions—and, as Dr. West remarked, when introducing the resolution, the discussions of papers read would constitute, perhaps, the most interesting part of the proceedings. This being an innovation, this year's transactions may be looked for with more than ordinary interest; the book will be much larger than usual, and containing this, a new feature, will be much more valuable than heretofore. As each member, who "discusses," will be taken down, let the members be careful what they say: it will be like the phonograph, their words will come back to them, just as they were uttered. By the bye, let not the guardians of the treasury be surprised, when it comes to paying for short-hand reports,—they come high,—$15 to $25 a day and expenses.

Successful Cæsarian Operation.—Drs. J. J. and A. D. rroughs, of Houston, have sent the JOURNAL a photo of a ıng negro girl, upon whom they performed the Cæsarian tion on account of congenital deformity of the pelvis. The ɜration was successful, and very creditable to the surgeons. e patient had never put her feet to the floor, the legs being ɜed and crossed; the arms were raised above her head, and ıld not be lowered except in sitting position, when they came vn naturally to the side. The picture represents mother and ɔe,—the latter apparently white, lying by the side of the ther, who is a fine type, as to features, of the African negress; arms being stretched above her head, and the legs crossed; seat of the incision showing in the focus.

Brief History of the Case.—Lucy H., negress, æt 20, opera- ı March 11, at county hospital, Houston, Texas. Discharged rch 24; photo ten days after operation; cause, deformed pelvis. ɜ. Burroughs will report the case in detail at the meeting of the ıte Association at Waco, on the 28th, and doubtless it will ap- ır with illustrations, in the Transactions.

CROFFORD'S

ANITARIUM FOR WOMEN,

5 Third St. - Memphis, Tenn.

he building is entirely new It is structed after the most approved hods of modern sanitary science.

is ventilated through a large n shaft in the centre.

is heated by the hot water sys- ; no stifling hot air nor head- e from steam.

is newly furnished throughout

ind and skillful nurses in attend- e day and night.

or further information address

T. J. CROFFORD, M. D.,

MEMPHIS, TENN.

WACO, TEXAS, April 8, 1891.

DEAR DOCTOR:—The following railroads will sell excursion tickets at all principal stations to physicians and families wishing to attend the Texas State Medical Association, which meets in Waco, April 28th, viz: Texas & Pacific; Missouri, Kansas & Texas; Houston & Texas Central; Gulf, Colorado & Santa Fe; International & Great Northern. The rate will be four cents per mile for round trip. The Cotton Belt railroad has, so far, failed to make a rate, but it is hoped that it will in the near future.

The hotels will accommodate guests at the following rates: Hotel Royal, $2.50 per day; Pacific, $2.50 per day; McClelland, $2.50 per day; Cotton Belt, $2.00. Other hotels and boarding houses will accommodate guests at cheaper rates; plenty of room for all. Hoping you will find it convenient to be present and assist in making the meeting a success, I am yours very truly,

H. L. TAYLOR, M. D.,
Committee on Transportation.

Publisher's Notes.

Treatment by Ergotole.—In a case of Placenta Prævia with terrific flooding, when the Fluid Extract of Ergot could not be retained on the stomach, "Ergotole" a most concentrated and efficient preparation of Ergot, manufactured by Sharp & Dohme, of Baltimore, Md., was used with the greatest satisfaction, and I am particularly pleased with it. I administered ten minims hypodermically, and it acted magically. I think that the profession should be made acquainted with its valuable properties, as I consider it the duty of every physician to do all in his power to make known a remedy which he has seen save human lives, as the "Ergotole" certainly did in this frightful case of flooding. I have used it in other cases when the fluid Extract could not be retained by the stomach, and I regard it a most valuable addition to the science of Therapeutics.

I think no physician should be without "Ergotole;" it is the most satisfactory preparation I have ever used in a practice of mere than forty-two years. WM. E. WYSHAM, M. D.

Catonsville, Baltimore Co., Md.

DANIEL'S
TEXAS MEDICAL JOURNAL.

A Representative Organ of the Medical Profession, and an Exponent of Rational Medicine; devoted to the Organization, Advancement and Elevation of the Profession in Texas.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

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Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

Synopsis of Proceedings of the Twenty-third Annual Session.

FIRST DAY—MORNING SESSION.

WACO, TEXAS, April 28, 1891.

THE TEXAS STATE MEDICAL ASSOCIATION met in annual session at City Hall, in Waco, Tuesday, April 28, at 10 a. m. Meeting called to order by Dr. J. H. Sears, chairman of committee of arrangements. After prayer, Hon. C. C. McCulloch, Mayor, delivered an address of welcome, and Dr. W. H. Wilkes was introduced. He welcomed the Association in behalf of the local profession. His speech sparkled with flashes of real wit; he extended welcome, and offered the Association all the cold water they needed or might want, but hoped nobody would throw any on our meetings; spoke of the products of Waco, and cited her contribution of Coke as a big thing, etc. But at subsequent hours the guests were offered something be-

sides cold water. He had been accused of "guying," but he was no guy–sir, the geyser was on top of the hill, etc.

After Dr. Wilkes, came Mr. Flint, a lawyer of Waco, who delivered an address also, full of good wishes.

Chairman Sears them made his report as chairman of the committee of arrangements, and extended many invitations to the members to go to places, and the invitations, he said, included the ladies, of course, who had accompanied delegates. Among the invitations were those to several receptions, one at the residence of Hon. George Clark, at residence of Colonel Prather, and some others not remembered, and a banquet and reception at the McLennan Hotel in especial honor of the guests. All these social features were brilliant, and much enjoyed.

The President, Dr. W. P. Burts, was then escorted to the chair, and responded briefly to the several addresses of welcome. He then declared the executive morning session open for business, and read his annual message and recommendations. It was referred to a committee of which Dr. J. D. Osborn was chairman. The committee reported later, advising the adoption of the several suggestions made by the President for the good of the order. Report received, and committee discharged.

Roll call and reading of minutes of last meeting being dispensed with, on motion, reports of officers and committees were in order.

The Secretary read his report, and his financial report. The latter is given, for the benefit of those who paid dues to him instead of to the Treasurer, as they should have done. The Secretary's report was referred to a special committee who, having examined it, reported it all right, and recommended its adoption. Report rceived, and committee discharged.

SECRETARY'S FINANCIAL REPORT.

1890–1.

Debits –Cash received since last meeting, as follows: W. H. Lancaster, T. M. Stone, J. F. Dean, G. M. Stevens, S. H. Barham, J. R. Reeves, W. R. Vaughn, J. H. McCaleb, Jno. Preston, A. D. Paulus, G. M. D. Patterson, R. C. Nettles, J. A. Matthews, J. M. Dollar, A. N. Denton, S. W. Sholars, R. Atkinson,

G. W. Kerr, J. W. Miller, F. H. Tucker, W. Mayers, R. T. Knox, C. McManus, E. W. Link, I. E. Clarke, J. V. Spring, J. C. Jones, D. Parker, A. S. Wolff, S. Eagan, J. Braunagel, W. T. Jones, J. F. Y. Paine, J. M. Fly.—34 at $5 each, $170.

H. F. Cooke, F. S. White, J. F. Starley, R. P. Talley, J. H. Ferris, G. W. Christian, S. L. Gilbert, E. L. Sessions, C. S. Bubo, F. C. Ford, T. S. Burke, P. Jordan, F. Paschall, F. Gray, E. J. Beall, R. Steiner, J. A. White, N. B. Shands, W. M. Burger (with application, April, 91).—19 at $10 each, $190.

D. R. Wallace, $20; J. O. Lewright, $15; N. A. Olive, $15; J. M. Burleson, $8.50; two copies Transactions, $2.—$60.50.

Total debits		$420 50
1890–1.		
By disbursements as per vouchers 1 to 11 . .	$114 93	
Balance turned over to Treasurer, receipt with vouchers	305 57	
Total		$420 50

E. & O. E. Austin, Texas, April 27, 1891.

F. E. Daniel, M. D., Secretary.

Referred to committee, who later approved same as correct.

The Treasurer then read his yearly report, which, on motion, was also referred to a committee, and reported correct.

The publishing committee then made their report, showing the work done by them, including the issue of 650 copies of Transactions, in cloth, at a cost of about 83 cents each, and the work done for the committee on legislation. The committee showed that in consequence of the policy of withholding the Transactions from those who do not pay up promptly, there were on hand 148 copies of 1890, and in all, as far back as 1884, 311 copies. The chairman (Secretary) suggested that these surplus copies be donated to the libraries of the several local societies, and the committee appointed to examine report so recommended.

[They have been turned over to Dr. West, Secretary elect, and societies wishing a copy of each or either year must apply to him.—Ed.]

The committee on medical legislation made no report. Committee on collection of surgical cases made no report.

The Judicial Council was called, and of the regular members only Drs. T. J. Bell, I. E. Clarke, J. V. Spring, J. C. J. King and H. L. Fountain were present. Dr. King being First Vice-President, was excused, and Dr. A. C. Walker was appointed in his place. The President appointed to the vacancies Drs. S. R. Burroughs, A. B. Gardner, of Beellville, J. C. Loggins, R. E. Moody, S. W. Sholars, W. Bev. West, W. T. Evans.

Judicial Council retired for work, and organized with Dr. Bell chairman, and Dr. Loggins secretary.

The memorial session was appointed for 11 a. m. Thursday.

The Address in Medicine was then read by Dr. H. A. West, Chairman of Section on Practice, which, on motion, was referred to the publishing committee. Adjourned to 2 p. m.

AFTERNOON SESSION.

The Section on Practice of Medicine, Materia Medica and Therapeutics was called, and the President, Dr. Burts, resigned the chair to Chairman Dr. West; Dr. Church, the Secretary, being absent, Dr. R. W. Knox was appointed Secretary of Section.

Dr. C. B. Raines, of Mineral Wells, read a paper on the plague at Aurora, Wise county, written by Dr. E. J. Beall, of Fort Worth. In this able paper it was recited that January 20, 1890, James Jefferson and his mother arrived at Aurora from Indian Territory, blind and without toes, the result of a disease contracted in the Indian Territory. The mother died and the disease spread, getting into the Deerberry house. Several died. After denying that it was typhus or cerebro-spinal fever, and giving interesting reason for such denial, Dr. Beall concluded that it was hematytic spinal fever with peri and intra-articular inflammation, a plague which appeared ninety-five years ago in the State of Massachusetts, and never reappeared until last year, at Aurora. It was called by the Massachusetts doctors "spotted fever."

Dr. Beall's paper was discussed and referred to the committee on publication.

Dr. W. A. Morris, of Austin, presented a paper on the effect of alcohol, taking strong ground against its use, admitting that

it has its place, but restricting that space to very narrow limits.

Dr. Morris' strictures were particularly striking on the point of transmission hereditarily, and the effect of stimulants on children.

Drs. Dudley, of Hillsboro; Sears, of Waco; Wallace, of Terrell, and several other physicians, spoke in highest terms of Dr. Morris' paper, after which it was referred to the publishing committee, with instructions to publish it. This is one of the ablest papers read in the Association, and a copy of it should be in every house in America; it was almost prophetic, and came with double force from an octogenarian in hale health who is a living exemplification of his views.

Dr. J. W. Carhart, of Lampasas, read a paper on substitution of cheap pharmaceuticals in the filling of prescriptions. Among abuses recited by Dr. Carhart was the refilling of prescriptions without reference to the physician writing it, and frequently in defiance of his protest. This, and the evil referred to in the title of the paper appears to be disagreeably prevalent, at least in some localities, with prescriptionists.

Section on Practice closed.

Section on Surgery was called.

In the absence of Dr. S. L. Gilbert, of Sulphur Springs, Chairman of the Section on Surgery, Dr. C. H. Wilkinson, of Galveston, was appointed in his place.

In this Section Dr. B. E. Hadra, of Galveston, read a paper on "The Wiring of the Vertebræ as a Means of Immobilization in Fracture and Potts' Disease."

The reading of Dr. Hadra's paper was followed by discussion, in which Dr. Fontain offered a plan of sawing and dovetailing, to gain the end sought, in preference to wiring.

Dr. Hadra's paper was received and referred to the publishing committee.

A patient was offered by Dr. C. F. Paine, of Comanche, to illustrate a case of "Chronic Suppurative Inflammation of the Elbow Joint."

After the discussion of this case the convention adjourned until Wednesday morning.

Tuesday afternoon, from adjournment at 4:30, was spent in

riding over the beautiful city, under escort of the committee of local physicians, visiting the famous spouting artesian wells and other points of interest, and in the evening the members attended a lecture by Henry Watterson.

SECOND DAY—MORNING SESSION.

WEDNESDAY, April 29, 1891.

The Association was called to order at 9 a. m., by President Burts. Prayer. Minutes of the first day read, and after correction of a minor error as to memorial service hour, were adopted.

Dr. J. M. Meyer, of Danville, Ky., was introduced by Dr. Knox, and on motion, Dr. Meyer was unanimously accorded the privileges of the floor.

Section on Surgery recalled. Dr. C. H. Wilkinson, chairman pro tem., took the chair.

Dr. B. E. Horton, an applicant for membership, was introduced and read a paper on Cerebral Localization, which, on motion, was referred to the publishing committee.

Dr. J. J. Burroughs then read the account of the case of Cæsarean section mentioned in this journal for April. The operation was performed on account of congenital deformity of pelvis and was a creditable success. Dr. Burroughs exhibited photos of patient after recovery, showing seat of incision, the baby, etc. This paper elicited much interest and spirited discussion. Paper was referred.

Section on Surgery closed and Vice-President Dr. J. C. J. King took the chair.

Dr. J. R. Briggs read a telegram from the Pharmaceutical Association in session at Dallas.

He also offered the following resolution, and made a speech in support of it:

WHEREAS, Strong efforts will be made at the next session of the American Medical Association by certain physicians of the East to secure the removal of the Journal of the American Medical Association from Chicago to Washington, D. C., therefore,

Resolved, That the Texas State Medical Association instructs

its delegates to the National Association to vote against such removal, first, last and all the time.

The resolution was tabled by a strong majority.

A letter was read from Dr. George J. Engelman, president of the Southern Surgical and Gynecological Association regretting enforced absence and expressing high regard for the Texas State Medical Association.

Dr. J. M. Autrey, of Houston, and D. C. Hewson, of Orange, resigned by letter. Accepted.

Rev. Dr. Burleson, president of Baylor University, addressed the Association and invited them to visit the university. Invitation received with a vote of thanks. Adjourned.

In the afternoon in the absence of Dr. Burts, Vice-President Reeves called the Association to order.

The Judicial Council reported as follows:

The Judicial Council would report that we have examined the credentials of the following delegates and find them entitled to seats in the Texas State Medical Association.

Austin district—Dr. J. W. Carhart, J. A. Halloway and J. A. Davis.

Austin District Medical Association—H. H. Thorpe.

Austin District Medical Association—J. T. Barnwell.

Central Texas Medical Association—Drs. R. C. Nettles, R. F. Minnock and W. C. Blalock.

Central Texas Medical Association—Drs. H. L. Foster and J. C. J. King.

Central Texas Medical Association—Drs. A. H. Snead, W. W. Wilhe, J. M. Jordon, W. R. Blailock, W. E. Menefee, R. E. Thompson, S. V. Morgan, H. M. Stuart, J. D. Law, M. D. Knox, S. D. Davidson, J. C. Shaw, Douglass Harris, J. H. Witte, W. B. Carpenter and J. T. Valeant.

Smith County Medical Association—C. A. Smith, A. G. Baldwin and A. L. Montgomery.

Hill County Medical and Surgical Society—J. W. Miller.

West Texas Medical Association—Dr. J. V. Spring.

West Texas Medical Association—Dr. James Kennedy.

Galveston Medical Association—C. H. Wilkinson, A. Withy and R. C. Hodges.

At this stage the Judicial Council entered and reported the following named delegates, regular, entitling them to seats:

Drs. G. W. Christian, T. D. Wooten and T. J. Bennett, Austin district.

Dr. George Cupples, West Texas Association.

Dr. B. F. Church, Terrell Medical Association.

Dr. W. T. Richmond, Austin District.

Section on Obstetrics called.

In the Section on Obstetrics and Diseases of Children, (the chief work of the afternoon session), Dr. J. W. Carhart, of Lampasas, presided.

The Secretary of this Section, Dr. J. H. McCaleb, of Webberville, being absent Dr. J. A. Holloway, of Round Rock, was elected to fill his place.

Dr. J. F. Y. Paine, of Galveston, read a paper entitled, "Some Practical Observations on the Management of Albuminuria in Pregnancy."

This paper provoked discussion participated in by Drs. T. D. Wooten, Wharton, Pitts and others.

It was referred to the committee with orders to publish.

Dr. T. J. Bennett, of Austin, followed, on "Prevention of After Pains." This was discussed by Dr. Paine, and referred to the committee on publishing.

In conclusion of the afternoon session of the second day Judge J. C. Walker read a paper on electricity. This was outside the programme and the reading was in accordance with a vote to that effect.

Judge Walker's paper was lengthy, highly scientific and was listened to with profound attention.

Dr. Daniel addressed a letter to the Judicial Council, calling their attention to an article in the February number of the *Texas Health Journal*, in which his moral and professional character had been assailed by Dr. J. R. Briggs, and respectfully asked an investigation of the same, submitting documentary evidence to disprove the allegations. One of the charges was that he, Dr. Daniel, had "left Mississippi under a cloud," and settling in Denison, flooded the town with advertising handbills. Amongst the evidences submitted, was an official state-

ment from the secretary of the Mississippi Medical Association, with the seal of the Association affixed, and letters from citizens of Mississippi.*

He was never an hour in Denison in his life. Many of the allegations in the *Health Journal*, were disproved by documents in Dr. Briggs' own handwriting.

The Judicial Council then reported as follows: "We, the Judical Council, having carefully examined the charges against Dr. F. E. Daniel by Dr. J. R. Briggs, published in the *Texas Health Journal* for February, 1891, hereby exonerate Dr. Daniel from any and all charges of conduct unbecoming a gentleman and physician and a member of this Association, and expel Dr. J. R. Briggs from this Association.

BELL, Chairman,
LOGGINS, Secretary.

On motion, the report of the Judicial Council, was received and adopted.

Dr. Daniel then rose, and after reviewing his labors in behalf of the Association, and stating that he had served as Secretary on the death of Dr. Burt, by especial request of the President, at the instigation of a number of members; that he had been unanimously elected in 1887, for five years; that at the end of three years he had resigned, because of some disatisfaction on the part of certain members, whom he had offended through the JOURNAL;

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*One from the Chief Justice of Supreme Court; the Secretary of State; the Grand Secretary of the Grand Lodge of Mississippi; the President of the Howard Association, etc., testifying to the high character and standing of Dr. Daniel in Mississippi, as a gentleman and a physician; to his services in yellow fever epidemics, etc.; and also a document from the Secretary of the Mississippi State Medical Association, under seal of the society, which reads as follows:

Mississippi State Medical Association,
Office of Secretary,
JACKSON, MISS., April 16, 1891.

TO WHOM IT MAY CONCERN:

This is to certify, that Dr. F. E. Daniel, was for many years a highly honored member of this Association, held in the highest esteem, on account of his great medical education, and his uniformly gentlemanly deportment. As an evidence of the esteem in which he was held, I will state that at the Winona meeting, in 1881, he was unanimously chosen to deliver the annual oration for this body. That Dr. F. E. Daniel was ever "under a cloud" in Mississippi, has no foundation whatever in fact, and was totally unknown either to the medical profession, or the citizens of Mississippi.

Signed, W. E. TODD, M. D.,
Secretary Miss. State Med. Ass'n.

[Seal.]

he had resigned in the interest of harmony, whereupon the majority had immediately re-elected him. He had now served one year more; and as certain members did not accord to a paid officer the right to criticise any act of the Association, or of members, through the JOURNAL, and as he felt it his duty to do so sometimes in the interest of the Association, he was not willing to be thus hampered; and that no one, however prejudiced, should truthfully say that he was an element of discord, or an impediment to progress, he must insist on his resignation being again accepted, and finally; he could not consent to serve another day.

It was understood that this was in the interest of peace, and that not a word of complaint had ever been heard as to his official work.

Dr. Daniel's resignation was accepted, and Dr. H. A. West, was appointed Secretary pro tem.

On motion the Association adjourned.

THIRD DAY—MORNING SESSION.

THURSDAY, APRIL 30, 1891.

President Burts in the chair. 9 a. m.; prayer.

Reading minutes dispensed with on account of temporary absence of ex-Secretary. Dr. West was installed as Secretary, having been appointed by the President for the unexpired term of four years of Dr. Daniel's term, and delivered an address. He had thrown himself into the breech [like that fellow of old, whose name we have forgotten] and so forth.

Nominating committee was organized and requested to meet at 1 p. m.

Section on Obstetrics, having adjourned yesterday before completing its work, was called. Dr. Carhart, chairman, taking the chair. He read a paper entitled: "A Step Backwards, or the Legal Control of Marriage." He declared in this paper that "the Malthusian idea as to the limitation of increase of population seems now to be fully operative, so far as the better classes are concerned." He suggested restriction of issuance of licenses and a medical board to pass upon the physical qualifications of

persons seeking matrimonial happiness. Paper received and referred.

The hour for memorial service having arrived,—11 a. m.—it began with an address by Dr. Carhart, chairman of committee on necrology; most appropriate, and feelingly delivered. The members deceased since last meeting are: Drs. S. A. Towsey, Galveston; J. H. T. King, Laredo; J. H. Smith, Dallas; A. A. Terhune, Jefferson; L. J. Graham, Henderson; F. T. Paine, Comanche; G. W. Kerr, Waelder.

Dr. W. A. Morris and several other members spoke in feeling terms of the deceased members.

Bussiness being resumed, the Section on Gynecology was called, and Dr. C. F. Paine, chairman of Section, read his address. It was a general report on the advances of gynecology. Paper received and referred as usual.

A paper by Dr. O. Eastland, on Pemphigus, was read by title and referred.

Adjourned to 2 p. m.

AFTERNOON SESSION.

Meeting called to order; several papers were read by title and referred.

Dr. B. F. Brittain read a paper entitled: "Is Small-pox Contagious During the Initial Fever?"

The reasonings, illustrations, examples and cases quoted, went to show that it was only in the advance stage that it is contagious. The Doctor drew his instances chiefly from the recent plague which afflicted some Texas towns severely and even got into Waco. It is all gone now and the doctors are availing themselves of the only thing of value about it, namely, the experience.

In the stage of secondary fever, when the odor is intense, then the microbe is most active and liable to infect people coming within the radius of their leap.

That appeared to be the generally accepted opinion.

Dr. J. A. Wysong, of Galveston, read a lengthy paper on Clinical Examination in Kidney Troubles, which was referred to the

committee on publication, after liberal discussion in which Dr. Wysong's paper was greatly praised.

Dr. Pitts, of Washington county, took exceptions at remarks of Dr. Ward, that examinations for insurance were slightingly made by physicians, and expressed himself warmly in the matter.

Dr. Ward elaborated his first remarks, making himself clearer, and this brought about a satisfactory explanation and settlement.

Dr. Noyes, of Detroit, took part in the discussion, and spoke highly of the paper.

Dr. Dudley, of Hillsboro, added his experience.

Charges brought by Dr. J. D. Burch, against Dr. F. E. Daniel were dismissed as unsupported by any evidence.*

The Judicial Council reported also that Dr. Ghent was exonorated from charges of conduct unbecoming a gentleman and physician—no such charge having been made, so far as we were able to learn—*supposed* to have reference to the sale of hepatic pills, attention to which had been called in the JOURNAL last December.

A resolution to reconsider the action of the Council expelling Dr. J. R. Briggs, was tabled.

In conclusion the Judicial Council submitted a recommendation that for all future time doctors settle their personal differences outside of the Association.

The entire report was adopted.

The nominating committee reported the following new officers to serve for the ensuing year:

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*The charge brought by Dr. Ghent through Burch was "malice" in denouncing the sale of Hepatic Pills, and "tampering with a member of the Judicial Council,"—use having been made of one of our confidential letters to a gentleman, who confided in a supposed friend, and was betrayed. His 'friend' carried the contents to Burch without the knowledge of the owner of the letter, and he—used—it—for—this. Burch, Ghent's man Friday—who, for no rerson that we can see, except to play sycophant to the great unterrified proprietor of Ghent's Hepatic Pills—whom he didn't know—wrote himself an ass, and said we deserved to be munched, and that it took just such a kingly muncher to munch us, as the said unterrified "lion"—[ugh]—Burch is now on the Judicial Council, and his munching lion may seek whom else he may munch in his "kingly" manner, and lick his chops in peace; thus merit hath its own reward.—ED.

President, Dr. W. H. Wilkes, of Waco.

Vice-President, Dr. P. C. Coleman, of Colorado.

Second Vice-President, Dr. W. L. Rodgers, of Temple.

Third Vice-President, Dr. B. H. Vaughn, of Hill county.

Secretary, Dr. H. A. West, of Galveston.

Judicial Council, Drs. J. D. Burch, of Aurora; J. C. Loggins, Ennis; C. P. Hudson, Alvarado; O. I. Halbert, Waco.

Dr. W. H. Wilkes was led forward and introduced by Dr. J. F. Y. Paine, of Galveston.

Dr. Paine's graceful introduction was followed by Dr. Wilkes' address of acceptance.

This was followed by Dr. Burts, the retiring President's valedictory.

Both these addresses were well delivered and were greeted with rounds of applause.

Dr. P. C. Coleman and the other vice-presidents were led forward by committee and each installed in office, each making pleasant remarks.

In this way all the new officers were installed.

The Section of Ophthalmology and Otology was now opened, and Dr. R. C. Hodges read an interesting paper in this section, which was discussed, after which the paper was referred to the committee on publication.

A communication was read offering the doctors an excursion to Mexico for one fare over the Missouri, Kansas and Texas.

Thanks of the Association were tendered Judge J. C. Walker for his able paper on electrity, and the paper was referred to the committee on publication.

Dr. W. A. Howard presided in the Section of Surgery in the afternoon.

The Section on Medicine, Materia Medica and Pathology was opened, Dr. A. M. Douglass presiding.

Dr. J. L. Cunningham, of Fort Worth read a paper on Lacto Metrical Test of Milk. The Doctor had investigated his subject very thoroughly.

On favorable report of the Judicial Council, the following new members were admitted:

Drs. W. M. Burger, Wm. John Matthews, John E. Morris, W.

H. Seale, W. B. Carpenter, R. S. Sims, T. B. Taylor, R. W. McGhee, J. T. Carter, W. T. Richmond, Geo. W. Larendon, J. T. Barnwell, J. S. Poyner, J. C. Jarrett and James M. Pratt.

Drs. R. T. Pope, R. E. Houghton, D. W. Montgomery, W. D. Wilkes, W. P. Means, G. B. Forene, James Kennedy, C. T. Crow, Melton M. Scott, W. C. Jones, J. H. Wysong, D. B. McGhee, L. L. Jones, Thomas A. Pope, P. K. Wortham, Wm. T. Blewitt, A. P. Baldwin and J. J. Fouts.

The Council reported for membership: Drs. Wm. M. Cunningham, G. T. Thomas, T. A. Miller, J. N. Tuttle, J. N. Chandler, B. A. Fowler, and John R. Frazier.

Drs. M. D. Knox, of Hillsboro; R. C. Brown, F. W. Burger, and W. O. Wilkes, of Waco, were recommended and received as members.

The Council also recommended as honorary members the following gentlemen:

Drs. Hunter McGuire, of Richmond, Va., and J. M. Meyer, of Danville, Ky.

FOURTH DAY.

We failed to get any notes of what was done Friday morning, —very little of importance.

Time and place of meeting: Tyler, 4th Tuesday in April, 1892.

Thursday evening Dr. Burts, the retiring President, delivered his address to a large audience of ladies and gentlemen. His subject was "Life." He treated it from an evolution standpoint,—narrowed it down to the existence of a "vital principle" co-existent with all matter—a principle given it by the Creator, and which could not be analyzed, nor even appreciated, except by its manifestation. No science could exactly define its connection with matter. He also recorded his belief that there can be no clash between religion and science, that in the end they must confirm each other,—religion being the word of God, and the laws which govern the universe, and science being the interpretation of that word.

It is to be regretted the papers did not publish the address. It will appear in the Transactions.

Adjourned to April, 1892.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

VALE.

In resigning, a second time, from the office of Secretary of the Texas State Medical Association, a position to which the appreciation and kind partiality of the *majority* had twice elected us, we wish to make our grateful acknowledgments to the large number of true-hearted physicians who have, "through evil as well as through good report," honored us by their confidence and support; and to say that in doing so we were actuated by the purest and most unselfish motives,—the preservation of harmony in an organization which we have, for years, labored to build up and advance. In so doing, we made a financial sacrifice which we can ill afford; but principle on our part, and peace in the guild, were, with us, higher considerations than self.

Not a word of complaint, so far as we are aware, has ever been made as to the business portion of our long service; but, as editor of an independent journal, devoted, heart and soul to the good of legitimate medicine and the defense of the dignity of professional character, we had set up a high standard of excellence, and insisted upon an exact conformity to it; insisted upon a literal compliance with every requirement of the code, and that all who were admitted to the brotherhood should toe the mark,

so to speak, of purity of professional life; and whenever any have departed therefrom, to our knowledge, or made any infraction of the code, as we conceived, the JOURNAL has rapped their toes without hesitation, and in no uncertain manner. The right to do this was not, by some, conceded to *a paid officer* of the Association; and as we conceived it to be a bounden duty, though self-imposed, it will readily be seen that self-respect, if no other consideration, would not permit us to consent to be thus hampered,—hence our positive refusal to serve longer as Secretary.

We were not willing to occupy a position where even the most prejudiced, or any who might feel that their toes had been rapped, could say that we were an element of discord, or an impediment to the wheels of progress.

In denouncing the sale of Hepatic Pills, under a printed label, bearing the name of an ex-President, we were sincere in believing that we were doing right in defending the dignity of the Association from an outrage. The Association did not see proper to so regard it, and exonerated the proprietor from charges *not* preferred, and we have nothing to say; but after our having done all any man could do for peace, what must be said of the parties who, instead of appreciating it, opened the war the next morning by a lot of flimsy "charges" against us,—charging us with malice in writing the exposé? We had anticipated such, and of course the "charge" fell through; but the *intent* was there (talk of malice); and this by the man *Burch*, who did us such great wrong and injustice in order to "put himself on our side;" the man who said we "deserved a munching," and that it took such a kingly beast, a "*lion*," to do it "in such a dignified and kingly manner,"—(talk of toadying) ---not in his own defense, but resentment for our supposed attack on his munching lion, the proprietor of Ghent's Hepatic Pills, (dose 1 to 3), whom, he said himself, he did not know personsonally.

We are now "foot-loose;" and while we shall continue to advocate and insist upon a strict conformity to the code, and that physicians, especially members of our organization, shall make their lives morally, socially and professionally shining models for mulation by the younger brethren; insist that in time—it will

take time—the State Medical Association shall come to represent only the highest and best type of professional character, we will endeavor to make no personal application of our remarks, and we sincerely hope occasion may not require it. We will fight principles, and not men, and point the way; but should any member depart from the path of rectitude, or be guilty of any act which, in our judgment, is calculated to bring reproach upon the Association, we would not fear or hesitate to denounce it; but we will not presume to dictate, or even to suggest a remedy; the Association is fully competent, if so disposed, to purify its own premises, and, it must be presumed, understands its business.

Do not understand us that we have anything to take back, or any errors to confess. If, however, any injustice has been done any one, we disclaim the intention, and it must be attributed to zeal in the cause. We have not aimed to be personal or "malicious." What we have done or said we believed to be for the best interests—at least for the honor and dignity of the profession, and we shall always believe we were right, and there will be no let up on *quackery*, wherever it may be found. Should any unworthy person get into the Association, however, it shall be made no business of the JOURNAL. It will seek none the less to advance rational medicine in Texas, and so work for the Association that in time all may recognize it as the true exponent of the divine science. We will still work for organization, believing, as we have often said, that until the profession is thoroughly organized all over the State, and working harmoniously together, we will never be able to secure recognition or aid from the State in restricting the right to practice medicine to the hands of those who have been educated and trained to it.

And now, having sacrificed our own interest to that of the cause, [?] and in so doing sacrificed the right of the majority to exexcise a preference, we hold out the olive branch of peace, and say to those who have, through prejudice, engendered, perhaps, by misrepresentation by those unfriendly to us, or through misunderstanding of our true motives and policy—those who have not fairly estimated us, and holding aloof, have not given us their co-operation—join us now; yield your allegiance, and help the JOURNAL in the grand work it has set its hands to do; give

us your moral and pecuniary support* in the continued effort to make the medical profession of Texas known and appreciated abroad as the peer of any in the world..

With our kindest thanks to those who have honored us and have been steadfast through all these times of bitter persecution and misrepresentation and wrong, and with our best wishes to the body collectively for its continued prosperity and advancement, we put down the pen of office, and modestly retire to a back seat in the Association.†

*It is most gratifying that many have even anticipated our invitation, and subscribed, the new Secretary setting the example.

†Henceforth none of our personal affairs will appear in these pages.

THE RECENT MEETING OF THE STATE MEDICAL ASSOCIATION.

The 28th annual session of this splendid organization has passed into history. It was a fine gathering of men, about four hundred in all; men, in point of dignity and personal appearance, above the average. It was a distinctly representative body of the more advanced element of Texas' practitioners. That the doctors are prospering is evident by larger attendance, better looks and being better dressed than in the past.

It has been our observation through life, that when a man begins to do well in the world, he generally *fattens up*. Some are like Pharoah's cattle, however, the "lean kine (d)" and cannot fatten; but these, when the screws are loosened, and the pressure of the hard times lets up; when they begin to ease up financially, relax their brows, loose that *distrait*, care-worn appearance, dress up, become more companionable—some even jolly, and "prosperity" is visible in every lineament and every act. Judging from appearances most of the delegates at Waco have been successful in a business point of view.

The sessions were well attended and full of interest. Some good papers were read and some indifferent.

A stenographer had been employed to take down discussions,

and, as both papers and talks will shortly appear in cold type, readers must judge for themselves; we will make no invidious distinctions.

All went smoothly, on the surface; but, it seems to us, that there never has been, at any previous meeting, so much "log rolling," so much lobbying, so many and such large hall and stair-way caucusses held. For what purpose? ask some one else. There was a strong under-tow of excitement, engendered by some personal differences, which, it is hoped, are now at an end. "Peace," "harmony," seemed to be the watch-words, and the *one thing* desired by those who may be said to be the leaders, —peace upon almost any terms. The final action of the Association would seem to demonstrate that for the sake of peace and cohesion, its policy—inconsistent tho' it may be with its record, —is not to look too closely into everything; better to shut eyes to some things than enforce too strict a construction of the Code, and strain the ship's timbers, perhaps. But are all the elements of discord eliminated, and will the peace be permanent? (The majority have made a big sacrifice to get it.) Is peace so sweet or harmony so dear as to be purchased at . . . . the price paid for it? Would not even shipwreck and a fresh start be preferable to the record just made and the present status?

The interpretation put upon it is, that the JOURNAL'S standard, to which an unvarying conformity has ever been insisted upon, was considered not practicable, at present; or, at least, that its enforcement was inconsistent with the corporeal integrity of the Association. There were some things, however, they could not stand; tho' all must recognize the premature calling of a halt, and stopping short of a clearly defined duty; and, construe it as one may, the majority has surrendered to a captious minority. They, the majority, have developed an unlooked for weakness in the spinal column; have sacrificed consistency for a questionable expediency, and go on record as *respecters* of *persons* rather than of principles. And the question, like Banquo's ghost, *will* arise; *have* the best interests of the Association been subserved?

The newly elected officers are representative men of the highest element. Dr. Wilkes, the President elect, is a popular favor-

ite, whose flow of language is as voluminous and as sparkling as is the gush of their giant geyser.

Dr. Coleman, the First Vice-President, is a representative of the younger element of the most advanced workers and thinkers; and in honoring him, the Association honors itself and those he represents. Dr. West, the new Secretary, is Professor of Practice, and Dean of the Texas Medical College at Galveston. As a physician his ability is well known. No doubt he will make an excellent Secretary and Chairman of the Publishing Committee.

Waco is a delightful place, and her citizens are delightful people. They vied with each other in doing honor to their guests, and entertained them in a most charming and agreeable manner. The receptions given by the *elite* in honor of the Doctors were as brilliant as they were cordial, and all was done that could be done to make their guests welcome. It was a most enjoyable occasion, and will live long in the memory of those who had the good fortune to be present.

The details of the business transacted will be found in this number of the JOURNAL.

The exhibition of instruments and appliances and of pharmaceuticals, was grand; it constituted one of the most interesting features of the occasion. Few who have not attended such meetings recently, can form any idea of what perfection has been reached in the preparation of medicine for convenience of administration, and of the elegance of such preparations; nor of the advancement made in surgical instruments and appliances. Everything a doctor or a surgeon or an accoucheur could possibly need in an emergency is prepared ready to his hand. Instruments for precision in diagnosis, and for every phase of surgery, have been brought to great perfection. Many of the largest manufactories were represented by courteous agents; and to mention one, without naming all, would be thought hardly fair; but we never saw such a display of instruments as that of Mellier Drug Company—in charge of Mr. Albans.

The Association will meet at Tyler—the "Cradle of Judges" next April—4th Tuesday. May all honorable and good members live to be present. Texas medicine is no longer "an unknown quantity."

Medical News and Miscellany.

Dr. L. L. Shropshire, of San Antonio, is attending the New York Polyclinic, and instructs us to send the JOURNAL there for several months.

Dr. S. E. Carrington, of Franklin, Texas, is at the New Orleans Polyclinic,—requests the JOURNAL forwarded there; "can't do without it."

Dr. B. F. Gibson, of Midway, was married recently to Miss Irma Mitchell, and has been appointed physician to the Huntsville Penitentiary.

Antifebrin in Soft Chancre.—Dr. Bazilevich recommends antifebrin as an excellent remedy for chancroids, to be dusted on twice daily.—*Ex.*

Will Sell my Place and Practice.—Growing railroad town of 2000 inhabitants; two physicians; large country practice. I want to quit at once, but will stay till January next, to collect and assist successor in starting. Approximate value, $1500. Address this office.

Death of Dr. Graham.—The JOURNAL is pained to announce the death of Dr. L. J. Graham, of Henderson, a distinguished member of the profession and a model gentlemen. He died at his home, April 15, 1891, after an illness of two weeks, the result of la grippe. He was a graduate of Jefferson Medical College, class of 1855.

The Positive Pole in Menorrhagia and Metrorrhagia.—Dr. A. G. Goelet, in *N. Y. Medical Record* of March 28, calls attention to a number of cases cured by the use of a strong galvanic current. A suitable electrode is introduced to the fundus, and allowed to remain about five minutes. This operation is repeated every two or three days.

Dr. G. W. Kerr, of Waelder, ex-president of the West Texas District Medical Association, died in April, of pneumonia. He was one of the purest and best men in the State Association, and his death is a great loss to the profession.

Dr. W. A. Rape, of Ballinger, had the misfortune to lose his office by fire on the night of the 7th of April ult., including all his furniture, fixtures, books, instruments, etc., and even his diploma. Fortunately the diploma had been registered in the office of the county clerk, and also in Nacogdoches county. We sympathize with the doctor in his loss.

The Dangerous Properties of Dr. Koch's Lymph will be removed in the future, thanks to the researches of one of the Professor's assistants. Dr. Weyl has discovered a means of detecting the poisonous elements pointed out by Prof. Virchow, and can eliminate them by a process of his own invention.—*London Correspondent American Practitioner and News, March 14, '91.*

Notice.—The archives of the Texas State Medical Association its records, books and seal, and the large lot of Transactions, have been turned over to Dr. H. A. West, the newly elected Secretary, at Galveston, and to him all communications should be addressed, as to matters relating to the Association. Remittances for dues must be made to Dr. J. Larendon, Treasurer, Houston, Texas.

Turning the Joke.—The *Waco Day* says that during the session of the State Medical Association at city hall in that city, a member thinking to "poke fun" at an old darkey, asked him if he could tell him where the *Lime Kiln Club* was in session; and that the old darkey said, he "didn't know 'zactly," but he "*b'leeved* it was at the city hall."

Had the old darkey gotten wind of anything going on in the Medical Association that suggested *lime?*

A National Medical Temperance Society.—Dr. W. A. Morris' paper before the Texas State Medical Association, on the Abuses of Alcohol and the Responsibility of the Profession,

was as timely as it was able. The profession is waking up to a realizing sense, not only of its responsibility for much intemperance, but to their duty to take a leading part in reform. Dr. N. S. Davis—all honor to him—called a meeting of physicians, while in Washington, interested in the subject, for the purpose of establishing a National Medical Temperance Society. We shall await developments with much interest.

Removals.—D. J. H. Evans has removed from Alto, Cherokee county, to Palestine.

Dr. H. B. Butcher, from Laredo to Montmoreles, Nueva Leon, Mexico.

Dr. A. M. Clinkscales, from Hubbard City, Texas, to Vanita, Ind. Ter.

Dr. W. J. Miller, of Massey, after returning from New York, where he attended a course at Bellevue and the Polyclinic, removed to Itaska to practice.

Dr. C. M. Scogin has removed from Throckmorton to Albany, Texas, and has formed a copartnership with Dr. W. M. Powell.

Dr. Will B. Davis, late of Grapevine, Tarrant county, and who will be remembered by all old members of the Association, especially in connection with his brilliant success in hemorrhoids with carbolic acid by injection, and the sensation his report made at the Tyler meeting in 1883,—removed some time ago to Puebla, Colorado. The good people there were not long in recognizing his true worth, and his claims to confidence, for he has worked into a big paying practice, and has been made city physician. The papers give a very complimentary notice of him and publish a good cut of him. We extend to him our hearty congratulation.

Death of Dr. Paine.—Dr. F. T. Paine, of Comanche, Tex., died April 16, 1891. Dr. Paine was well known in connection with his researches in electro-therapeutics; was one of the pioneers in Texas in that branch of study, and contributed some valuable papers to the literature of the subject. He died at an advanced age, after a long life of usefulness and labor in the cause of humanity. He was an old member of the Texas State

Medical Association, and will be much missed at the annual meetings. Dr. C. F. Paine, of Comanche, a prominent physician, is his son. We knew Dr. Paine well and loved him; he was a true friend, a noble man and a good and conscientious practitioner of the healing art.

Texas Medical College.—The Texas Medical College will soon be replaced by the Medical Branch of the University of Texas. An appropriation was made by the last legislature to finish, furnish and equip the magnificient building now nearly completed. The Faculty will be elected at an early day. The institution will be first-class in every respect. The fees will be moderate. The advantages will be such that no Texas medical student can afford to leave the State. The announcement will be issued as soon as practicable, and the session begin about 1st October next.

H. A. West, M. D.,
Dean Texas Medical College.

New Journals.—The *Journal of Gynecology*, a monthly devoted to gynecology, obstetrics and abdominal surgery, Vol. I., No. 1, edited by Charles N. Smith, M. D., Toledo, Ohio. Subscription, $1.50 per annum; single copies, 20 cents.

The first issue is very creditable in appearance and character of contents. It starts out with the promise of giving its readers from forty-eight to sixty-four pages of pure reading matter, with no reading notices or insert advertisements. The leading features of the *Journal of Gynecology* will be the original communications, and bibleographical index. It has a long list of prominent contributors, three of whom are from Texas: W. T. Baird, Hadra and Ghent. The only objection to the new periodical is its cheapness. One dollar and fifty cents per annum will not sustain it, morally nor substantially. But our best wishes are for its long life and success.

The Prescription, a monthly journal devoted entirely to practical therapeutics, edited by William C. Wile, A. M., M. D., Danbury, Conn. This is a neatly gotten up little journal, and it is certainly practical, and should meet with favor every where. Success to the enterprise.

Of Interest to Local Medical Societies.—Not every practitioner is able to purchase a fine microscope; yet the time has come when every one must be able to make microscopic examinations, and the one who is behind in microscopy "is going to get left." It is becoming a popular expedient—as the profession is now pretty well organized and is organizing—to own such things in common—the property of the local society—and every society in Texas should own a microscope, and use it.

The labors of the JOURNAL in behalf of organization, and its defense of rational medicine, are well known. We have done all any man on earth could do for what *some* conceived to be the best interests of the State Association, and now we want the profession to express their appreciation of it by doing something for the JOURNAL'S interest. We want your support in our laudable work, and we ask you to subscribe. As an inducement to work for us, we offer (see advertisement) to donate, as a gift, one of Aloe & Co.'s bran new "Diagnostician" Microscopes, $60, and complete outfit, including a fine Abbe condenser, $15, to the society which, by November 1, will send in the largest list of paid subscribers at $2 each. (This is with the understanding that societies will interest themselves, and compete for it.)

As further inducement to the individual doctor to work, we will give as a premium for the largest list of paid subscribers obtained by one man by November 1, one of Feick Bros'. antiseptic pocket cases, a perfect little gem; price, $11.

Now, gentlemen of the local societies, interest yourselves in the good cause; send in the subscriptions, and let's see which shall be the banner society of Texas, and get these costly presents.

The Medical Department of the University of Texas.—The JOURNAL has the authority of the honorable President of the Board of Regents—Dr. T. D. Wooten—for saying that with the $30,000.00, appropriated by the last legislature for that purpose, the Medical College (the Medical Department Univ. of Texas) will rapidly be completed, and money enough is available to completely furnish and equip it in a thoroughly first class manner. A Faculty will be chosen this summer, and every man will be emi-

nent and able in his special line. It is to be a high grade school in every particular, and we are authorized to announce that it will be ready for students this fall. Due notice will be given of the opening of the first session, and the Faculty will be announced as soon as selected. There is not, and never has been, any connection between the Texas Medical College and the Medical Department of the University; and our understanding is that with the beginning of the latter the former ceases to be, and will turn over to its successor all buildings, property, etc., now being used by the present college.

With her four hundred students annually it has already ceased to be a reproach to Texas that they must go abroad for a medical education. The good work already done by the Texas Medical College and Hospital will be carried on to splendid results by its successor, and the day is not far distant when the possession of a Texas diploma will be a coveted honor, and a passport to the highest circles of the medical world.

Notes of the Recent National Medical Convention.

The election of Dr. H. O. Marcy as President of the American Medical Association will be hailed with delight in every section throughout the United States. It is an honor to the Association, for, in every respect, he exemplifies the highest type of the American physician. Texas shakes hands with Massachusetts, and congratulates her on this honor *to the State.*

The Vice-President is the genial and witty Willis P. King, another happy selection, and a compliment to the *South.*

So, the *Journal of the American Medical Association stays*, notwithstanding the tremendous efforts to pull it up by the roots and transplant it at Washington. The trustees had recommended it, but a consensus of the views of its 5400 subscribers was taken—expressed through its columns—and the verdict is Chicago; good enough for the World's Fair; the home of Father Davis, it is good enough for the *Journal.*

The trustees reported in favor of the *Journal* remaining at Chicago, in deference to the wishes of the profession, and advised hat a building for its permanent home be erected as soon as there

Milk of Magnesia.

A PURE HYDRATED OXIDE OF MAGNESIUM. -(MgH_2O_2.)

ANTACID AND CORRECTIVE.

Especially recommended in the Gastro-intestinal irritations of infant, child and adult life -Nausea—Vomiting in Pregnancy -Sour Stomach—Diarrhœa—Cholera Infantum—and the Rheumatic and Gouty conditions resulting from acid secretions.

This Hydrate presents Magnesia practically in solution without grittiness or precipitation.—No danger from concretions as with the calcined.—Free from Carbonic Acid.—Miscible with other fluids—in a form easy of administration and absorption. Superior to lime water or chalk mixture for addition to milk It is not a purge; but in antacid, corrective or mild laxative indications will be found reliable and safe. It combines well with Syrup—Soda—Opium—the various astringents, &c.

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A RELIABLE ALTERATO-CONSTRUCTIVE,

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An easily appropriated general tonic, promoting digestion, and safe under prolonged use.

A permanent combination of the soluble Wheat Phosphates, with Muriate of Quinine, Iron and Strychnia.

Of greater strength than the various Hypophosphite compounds.

DIGESTIBLE COCOA.
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Do not fail to read our Proposition at the bottom of page.

The Most Perfect Artificial Infant Food.

It goes without saying that a child, to be perfectly nourished, should be fed on healthy human milk, or its equivalent, during the nursing period, or at least until seven months of age. If a child under seven months of age **MUST** be **ARTIFICIALLY NOURISHED,**

LACTO-PREPARATA

is the only Food which meets every requirement, as it is the only perfect **ARTIFICIAL HUMAN MILK** ever produced; when dissolved in luke-warm water it practically resembles human milk in *composition, character* and *taste.*

It is made from pure cow's milk, contains no cereals in any form, and is treated according to the directions of **PROF. ATTFIELD FOR STERILIZING MILK.**

LACTO-PREPARATA and **CARNRICK'S FOOD** are now put up in air-tight cans **ONLY** and will keep perfectly.

CARNRICK'S FOOD

is composed of two-thirds of **LACTO-PREPARATA,** and one-third of dextrinized wheat, and is more especially intended for children from seven months to two years of age.

A PROPOSITION TO ANY PHYSICIAN.

*The flesh of all children fed **alone** on **LACTO-PREPARATA** or **CARNRICK'S FOOD** is **firm** and **solid,** because they contain the requisite amount of **albuminoid constituents.**

The flesh of all children fed alone on any other Milk Foods (containing as they do 90 to 94 per cent. of cereals), is soft and flabby, because they do not contain sufficient nitrogenous elements, and the children thus nourished in consequence quickly collapse when attacked with any serious complaint.

We respectfully request Physicians who are prescribing these Foods to examine the flesh of the Infants and verify our statements.

We are so confident that our Foods are practically perfect as substitutes for healthy human milk that we will furnish gratis to any Physician who is now prescribing other Foods or cow's milk, sufficient of our preparations to enable him to judge of their dietetic value in perfect nourishing qualities, as compared with other foods for similar purposes.

REED & CARNRICK, Manufacturing Chemists,

NEW YORK.

is money enough in the treasury. The President of the Association recommended that an able editor be employed at a salary of from $10,000 to $15,000 per year.

There was a big fight over the resolution to meet in Detroit, but when Father Davis threw his weight in the scales, down they went.

Dr. J. S. Cain, of Nashville, a courteous, true-born southern gentleman, was chosen to deliver the address in medicine next session. Dr. Cain attended our Fort Worth meeting, it will be remembered, and made many friends.

The time of meeting of the American Medical Association was changed from the first Tuesday in May to the first Tuesday in June. A good move.

A motion to recognize as branches of the A. M. A., all State and Geographic District Medical Associations having a membership of one hundred or more, now in affiliation with the A. M. A., and give members of said Societies all the rights and privileges accorded delegates to the A. M. A., was referred to a committee of five to confer with Societies concerned, as to the desirability and practicability of the measure proposed. We would be glad to see it adopled.

The A. M. A. made a great mistake when they refused to ratify Hot Springs, Ark., as the next place of meeting, and in selecting Detroit, Mich., instead. It is due the South that the Association should meet in striking distance of the extreme Southern States, once in a while. It met in Detroit once before and had a "stormy time"; New Orleans, in 1885. By all means select Galveston next year.

Dr. Frank Woodbury was elected President; Dr. C. H. Hughes, Vice-President; and Dr. Culbertson, of the *Lancet and Clinic*, Secretary of the Association of American Medical Editors.

The South was justly remembered in making Dr. Davis, of Alabama, one of the Vice-Presidents of the A. M. A.

"I Find Ponca Compound to act very nicely in inflammation of the cervix uteri and irritation of the ovaries."

E. BRINKERHOFF, M. D.,
Bristolville, Ohio

Book Notices.

J. B. LIPPINCOTT COMPANY will, beginning with April, issue quarterly thereafter a work entitled "International Clinics." This work will comprise the best and most practical clinical lectures on medicine, surgery, gynecology, pediatrics, dermatology, laryngology, ophthalmology and otology, delivered in the leading medical colleges of this country, Great Britain and Canada. These lectures have been reported by competent medical stenographers, and thoroughly revised by the professors and lecturers themselves. The object of the work is to furnish the busy practitioner and medical student with the most practical clinical instruction, in concise form. Each volume will consist of over 350 octavo pages, illustrated with photographic reproductions of important cases.

A COMPEND OF DISEASES OF CHILDREN, especially adapted to the use of medical students. By Marcus P. Hatfield, A. M., M. D., Professor of Diseases of Children in the Chicago Medical College, etc. With a colored plate. Philadelphia: P. Blakiston, Son & Co.: 1890.

This enterprising publishing company has been getting out a great many excellent little books under the name of "Quiz-Compends." This is No. 14. These books are devoted to special subjects. The present volume has a great deal of practical matter in it. B.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS, with especial reference to the application of remedial measures to disease, and their employment upon rational basis. By Hobart Amory Hare, M. D. (Univ. of Pa.), B. Sc. Pages, 622: Cloth: $3.75: 1890.

This book is practically arranged for the use of physicians and students. It is really a work on therapeutics and practice combined, and it is believed that if a busy physician will familiarize himself with the arrangement, which is indeed simple, he will prefer it to any work now published. An index of the remedies

and of the diseases is given in alphabetical order. Special departments are reviewed by specialists, and the whole subject matter brought up to date. B.

DISEASES OF THE RECTUM AND ANUS, their Pathology, Diagnosis and Treatment. By Chas. B. Kelsey, A. B., M. D., Professor of Diseases of the Rectum at the New York Post-Graduate Medical School and Hospital, etc. Third edition; rewritten and enlarged, with two chromo-lithographs and one hundred and sixty-eight illustrations: pp. 480: price ——: 1890: New York: Wm. Wood & Co., publishers.

This is a text-book, and stands at the head as authority on the subject of diseases of the rectum and anus. The present edition has been rewritten, and brought up to date in every particular. No one specially interested in the subject can afford to be without Prof. Kelsey's work. It is both scientific and practical, and should be in every physician's library. B.

ESSENTIALS OF MINOR SURGERY, Bandaging and Venereal Diseases, arranged in the form of questions and answers. Prepared especially for students of medicine; by Edward Martin, A. M., M. D., Instructor in Operative Surgery, University of Pennsylvania, etc. Illustrated. Philadelphia: W. B. Saunders, 1890. Price, $1.00. Pp. 164.

THE PHYSICIAN'S ALL-REQUISITE TIME AND LABOR-SAVING ACCOUNT BOOK, designed by Wm. A. Siebert, M. D., of Easton, Pa. Philadelphia: F. A. Davis, publisher, 1890. No. 1, 300 pages for 900 accounts per year; size 10x12; bound in Russia, $5.00. No. 2, same for 1800 accounts, $8.00.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY; by R. A. Withaus, A. M., M. D., Professor of Chemistry and Physics in the University of New York, etc. Third edition. New York: Wm. Wood & Co., 1890. Pp. 500.

This work has run through three editions, which evinces its popularity. There is no change in the classification and arrangement of subjects in the present issue. Every advancement has

been made in the light of discoveries since the last edition. That portion treating of carbon compounds seems to have been extended farthest. B.

EPILEPSY, ITS PATHOLOGY AND TREATMENT; being an essay to which was awarded a prize of four thousand francs by the Academie Royale de Medicine de Belgique, December 31, 1889. By Hobart Amory Hare M. D., (Univ Pa.), B. Sc., Clinical Professor of the Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania, etc. Philadelphia and London: F. A. Davis, publisher, 1890. Pp. 222. Price, net $1.25.

This is a prize essay, and to be sure it shows labor, investigation and great care in preparation, still there is nothing specially new in it. Every government should encourage scientific investigations and make annual appropriations of money for such purposes. The subject of epilepsy is ably handled in this little book. B.

SAUNDERS' POCKET MEDICAL LEXICON, being a dictionary of words and terms used in medicine and surgery, collated from the highest authorities and brought up to present date. By John M. Keating, M. D. (Univ. of Pa.), and Henry Hamilton. With addenda, consisting of etymological factors common in medical terminalogy; comparative tables of metric and apothecaries weights; a list of poisons and their antidotes, and abbreviations used in prescriptions. Philadelphia. W. B. Saunders, 1890. Pp. 280. Price, 75 cts.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Chas. E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo lithographs, engravings and maps. Five volumes, 1890, F. A. Davis, publisher. Philadelphia, New York, Chicago, Atlanta, London, etc.

This is the third year of publication of this work, and each year decided improvements have been made.

There is still room for improvements in some of the departments. Notably *Diseases of the Rectum and Anus.*

Twelve or thirteen pages are devoted to a controversy on hemorrhoids, in which the editor of the department has been assailed on his advocacy of the clamp and ligature treatment. All of any interest to the public could have been said on a page or two. The same criticism can be made against other departments. The editor is disposed to give too much prominence to his own ideas, and not come up with an impartial review of other important papers of the year.

The chief improvements in these volumes over last year's issue has been the creation of a separate department on Syphilis, by Dr. J. W. White, and on Surgical Mycoses, by Dr. Earnest Laplace, and on Thoracic Surgery, by Dr. J. D. Gaston.

The issue for 1890 is well worth the price asked, and altogether it gives a good resumé of the journal articles for the year. B.

OINTMENTS AND OLEATES, Especially in Diseases of the Skin, by John V. Shoemaker, A. M., M. D., Philadelphia. Second edition, revised and enlarged. Philadelphia and London. F. A. Davis, publisher, 1890. Pp. 298. Price $1.50 net.

Part first of this book is devoted to ointments, their therapeutic uses, etc., including all of importance from the U. S. Pharmacopæia, the national formulary. Also official ointments in the British, German, French, Austrian, Italian, Spanish, Mexican and Chilian Pharmacopæias.

Part second is devoted to the oleates, their history, manufacture, therapeutics, etc. The oleates of mercury and zinc have been made officinal in the U. S. P. As Shoemaker demonstrates the value others will be included. B.

BACTERIOLOGICAL TECHNOLOGY for Physicians, with seventy-two figures in the text, by Dr. C. J. Solomonsen, authorized translation from the second revised Danish edition, by William Trelease. New York. Wm. Wood & Co., 1890. Pp. 158 Price——

This is a text book and concisely treats of bacteria and bacteriological methods.

Anyone obliged to take up the study at home will find this little volume of great advantage. In fact, he will find by its study that an instructor is not necessary to a clear understanding of the subject. B.

A COMPEND OF EQUINE ANATOMY AND PHYSIOLOGY; by William R. Ballon, M. M., Professor of Equine Anatomy in New York College of Veterinary Surgeons, etc.; with twenty-nine graphic illustrations, selected from Chauveau's "Comparative Anatomy." Philadelphia: P. Blackiston, Son & Co., 1890. Pp. 205. Price $1.00. Send to publishers.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS; by Greville Horwitz, B. S., M. D., Demonstrator of Anatomy in Jefferson Medical College, etc. Third edition, thoroughly revised, enlarged and improved; with ninety-one illustrations. Philadelphia: P. Blackiston, Son & Co, 1888. Pp. 205. Price $1.00. Send to publishers.

ESSENTIALS OF THE PRACTICE OF MEDICINE (double number); arranged in the form of questions and answers, prepared especially for students of medicine; by Henry Morris, M. D., late Demonstrator Jefferson Medical College, etc. With a very complete appendix on the Examination of Urine, by Lawrence Wolff, M. D., Demonstrator of Chemistry Jefferson Medical College. Philadelphia: W. B. Saunders, 1890. Pp. 426. Price $2.50. This book is intended to assist the advanced student in his hour of need—just before his final examination. It is concisely arranged and well bound. B.

ESSENTIALS OF THE DISEASES OF CHILDREN; arranged in the form of questions and answers, prepared especially for students of medicine; by William M. Powell, M. D., Physician to the Clinic for the Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: W. B. Saunders, 1890. Pp. 214. Price $1.

This little book can be made of considerable service to the student who expects to come up for graduation and who has but a

few hours to run over the subject. This about covers its field of usefulness.

POST MORTEMS; What to Look for and How to Make Them; with sections on Infanticide, Poisons, Malformations, etc.; by A. H. Newth, M. D., London. Edited with numerous notes and additions, by F. W. Owen, M. D., Demonstrator of Anatomy in Detroit College of Medicine. Published by the Illustrated Medical Journal Co., Detroit, Mich., 1890. Pp. 134.

Publisher's Notes.

Epilepsy—Hysteria.—I have used Peacock's Bromides extensively in epilepsy and hysteria. Two cases of epilepsy of twelve and fifteen years standing have not returned for two years. C. W. TOWNSEND, M. D.

Bower Hill, Pa.

My Old Professors.—I have certainly tested the ragiment of uterine tonics, emmenagogues, etc., but have never used anything of the kind that gave the satisfaction with which I have met in the use of "Dioviburnia." It was recommended to me by several of my old Professors, in St. Louis, and I gave it a thorough trial in three obstinate cases, all three having recovered from dysmenorrhœa. I shall freely prescribe it, and I give it my hearty support. C. A. SIGLER, M. D. El Dorado, Kansas.

A Diuretic that Will not Disappoint You.—There is so much offered the profession that is worthless that a combination of real value is apt to be overlooked or slighted. So many diseases require stimulation of the urinary secretion that a real good diuretic in eligible form should be hailed as a boon. Such we understand Wayne's Elixir to be. An examination of its ingredients will show that it is composed of the best known and most popular diuretics of the U. S. P., and we believe, if our Texas readers were to give it an impartial trial, they would add it to their list of reliable resources.

Wyeth's Beef Juice, we are afraid, is not being properly appreciated. Doctors have been disappointed so often in "Beef Extracts" that they are suspicious, but here we understand is a reliable preparation which is not a mere stimulant, but a constructive and nutrient of great value. Were it used altogether, in place of alcoholics, patients would fare better. We ask for this preparation a thorough trial. The editor of this JOURNAL used it last summer with much satisfaction as a tonic nutrient in debility, and can testify that there is nothing so refreshing and grateful, in fatigue, as a teaspoonful in a glass of cool water. Try it.

V. R. Perkins, M. D., Mercer, Me., says: "I have tried your "Celerina" to perfection, and find it one of the best articles I have ever used in my practice as a nerve tonic. I have used it in a very large number of cases of nervous headache, neuralgia, and in one case of paralysis, where all the other nerve tonics failed; also in hysteria I have often used it with success, and also in all languid and debilitated conditions of the system. It works like a charm in dissipations of all sorts, and loss of the nerve power arising from venereal diseases. Really, I cannot do without it in my extensive practice. I have used it in ten cases of dyspepsia without fail. It also has no equal on persons who lead a sedentary life. It is perfectly safe to give to the oldest person, however weak, or the smallest child.

There is a firm in the East which professes to deal in a "Genuine" Hoff's Malt Extract, that has addressed us several communications offering the munificent price of five and ten dollars to publish articles laudatory of their so-called "genuine" product. We are sorry to see that many Eastern journals have accepted the articles in question, presumably at the same price. We are not so much in need of copy that we are obliged to sell our convictions for a paltry five or ten dollars, and besides we know of only one "Genuine Hoff's Malt Extract," and that is imported direct from Germany, by the well-known firm of Tarrant & Co., of New York, and we would anvise our readers, when ordering Hoff's Malt Extract, to distinctly state "Tarrant's" else they are liable to get an inferior article.—*From the California Homeopath, April, 1891.*

[*Cut this out and mail to us.*]

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T. J. CROFFORD, M. D.,

MEMPHIS, TENN.

FLOEISANT, MO., April 21, 1891.

Antikamnia Chemical Company, St. Louis Mo.:

GENTLEMEN:—I have been using Antikamnia for the past ten months, and up to within the past month, uniformly obtained results which justified in every particular the claims made for your product. In fact, its usefulness to me was so completely established, that I had come to regard it as an absolute *sine qua non* in my practice. Within the past month I have had some inexplicable failures in cases where Antikamnia never before disappointed.

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I am led to believe that some druggists are supplying a compound made according to one or the other of these formulæ, and dispensing it as Antikamnia. I wish you would look into this. When I prescribe *Antikamnia*, I want *Antikamnia*, and nothing else. Very truly yours,

G. C. EGGERS, JR., M. D.

Dr. W. S. Hoy, of Wellston, Ohio, medical examiner and surgeon for the B. & O. S. W. R. R., says: I am not in the habit of giving testimonials, yet unsolicited, I desire to say to the medical profession that in all forms of heart complications Cactina Pillets (Sultan) will not disappoint them. It is to the heart what quinine is to malaria. My extensive use of the drug as prepared by the Sultan Drug Company, fully warrants me in saying that it has no equal in the treatment of tobacco heart, angina pectoris, intermittent pulse, cardiac palpitation, anæmia, dropsy resulting from heart disease, heart failure, cerebral neuralgia, and as a certain heart nutrient and strengthener. It will not disagree with the stomach, and is enterely devoid of accumulative action.

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Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Articles in this Department are accepted and published with the understanding that we are not responsible for, nor do we indorse the views and opinions of the writers by so doing.

For Daniel's Texas Medical Journal.

CLINICAL NOTES.

FROM THE PRACTICE OF R. C. HODGES, M. D., GALVESTON.

CASE I. J. P. B. consulted me for loss of voice. Had been under treatment with sprays and gargles for chronic pharyngitis and laryngitis for nearly two years. Examination of larynx revealed small tumor of left vocal cord, apparently a mucous or fibroid polypus. After a few days of manipulation of the parts with instruments, to render them tolerant, I applied a twenty per cent. solution of cocaine and with Seilers' Laryngeal Guillotine removed the growth successfully. Examination showed it to be a mucous polypus. The result was eminently satisfactory, the voice being fully restored and no recurrence of the growth.

The solution of cocaine used may appear stronger than necessary, but I have found that in operations on the larynx the anæsthetic effect of the ordinary solutions of cocaine, say from five to ten per cent., so rapidly disappears, as to leave very little time for an operation requiring care and skillful manipulation.

Case II. Mr. D. S. consulted me for the same trouble—loss of voice. On examination found large fissure of the epiglottis—the result of ulceration—and in addition stenosis of the larynx.

This condition did not yield to local treatment, and I warned patient to be prepared at any moment for an operation. About two weeks after consulting me he came to my office in the forenoon, about half past eleven, and at twelve o'clock I was summoned to his bedside and found him rapidly succumbing to the impediment to respiration, and proceeded immediately to perform tracheotomy, making one free incision down to the trachea, and second incision opened the trachea and I inserted tube. There was considerable hemorrhage and some blood entered the trachea. The patient was so nearly unconscious that it was with difficulty I could persuade him to use what remaining strength he had in filling his lungs, and in addition applied artificial respiration, holding the tube in place for nearly two hours. Dr. Fisher, who was with me during the operation, and Dr. Sampson present later on, both expressed the opinion that the case was a hopeless one. We, however, persevered in our efforts, and I had the satisfaction, ten days later, of seeing him resume his work in the railroad yards where he had been previously employed. During convalescence there was no rise of temperature, and for several months following the operation the voice was restored and the patient increased twenty pounds in weight.

Five months after the operation the patient, of his own accord and against my protest, removed the tube. In four days the wound healed and a week later the voice had become reduced to a hoarse whisper, and in which condition it now remains. The ulceration of the epiglottis healed nicely under local applications, leaving, however, a large fissure in epiglottis.

The ulceration and stenosis were no doubt due to traumatism, from the history patient gave.

A GROUP OF EYE CASES.

Case I. Mr. S. consulted me within the past year for a small growth on the conjunctiva of the lower lid. Had been wearing an artificial eye for several years, and suppose that this caused the local trouble.

From the location and character of the growth, I suspected epithelioma, and at all events advised excision of the growth. Operation was made under cocaine, the growth was removed entire, the incision extending well into the healthy tissue.

Microscopical examination of the growth by Dr. George Dock, of Galveston, revealed it to be tuberculous. The patient's own and general family history was most excellent, and thorough examination failed to show any affection of any other organ or part of the body. These cases are very rare, only few of them being on record.

Case II. Mr. B. L. consulted me for suspicious growth of the ocular conjunctiva, but after a thorough examination I was satisfied that I had a true syphilitic papule, a rare location for this lesion. A few days later a syphilitic iritis appeared in the same eye. Both conditions yielded to the local use of atropine and vigorous constitutional treatment; the secondary symptoms of this case were very erratic and the patient could give no history or date of the initial lesion.

Case III. Miss P. consulted me for defective eyesight. Had never been able to see objects distinctly, except close at hand, and was unable to read, but stated that while in stooping posture she could see objects on the floor distinctly. This, I found, was due to a double dislocation of the lens of both eyes, the lens being displaced downward and tilted backwards. The tremulous iris and mobility of the lens in both eyes indicated fluidity of the vitreous in such a degree that I declined to make an operation.

Case IV. Mr. D. consulted me for operation for relief of cataract, very nearly mature, in both eyes; apparently soft cataracts.

I made the needle operation under cocaine and found the cortex soft and readily absorbed, leaving a small hard nucleus. A few months later, in making a corneal flap incision, preparatory

to removing the nucleus I found the vitreous fluid and lost so much of it that not only the anterior chamber, but the whole eye collapsed. I immediately removed the speculum, turned patient on his face and kept him there for half an hour. Examination showed the corneal wound closed, the eye ball in proper shape and the anterior chamber filled with air—the nucleus of the cataractous lens lying at the bottom of the deep cone-like anterior chamber, the iris looking directly backward. There was very little pain and no hemorrhage, but within twenty-four hours inflammatory symptoms appeared and severe iritis developed. In four days the large bubble of air had absorbed, the iris had advanced and at the end of three weeks inflammatory symptoms yielded to treatment with atropine and hot water.

I fully expected hemorrhage or detachment of the retina, but neither followed.

The diminution in the size of the cataract and the absorption of the cortical portion of the lens has given patient some vision, and I have since attempted to break up the nucleus by the needle operation. This has not been successful, and I shall shortly make a small corneal incision and introduce a fine hook and attempt to remove the hard nucleus.

This case was particularly interesting to me, as a careful examination before operation failed to show any symptoms of fluid vitreous, and the present condition of the eye, considering the extensive loss of vitreous, is quite remarkable.

Every year adds to my belief that although the eye is one of the most delicate and sensitive structures, it is in some respects one of the most tolerant of any of the parts of the body.

Case V. Essie T., four years of age, was brought to my office apparently suffering from a simple conjunctivitis. After a careful examination and search I concluded that it could not be due to a foreign body, as I passed a probe behind the upper lid and swept it back and forth several times. But three days later, on raising the upper lid, I saw, presenting, a small black point, and with a pair of iris forceps I seized this, and to my surprise, with gentle traction removed a piece of a twig three-quarters of an inch long and fully one-eighth of an inch in diameter, which un-

doubtedly had been lodged in the recto-tarsal fold for four weeks The conjunctivitis disappeared without further treatment.

Case VI. J. Nelson,—traumatism,—laceration cornea iris and lens by piece of rock, while blasting. Came to me while inflammation was at its height. At first I feared the eye would have to be eneucleated, but vigorous treatment allayed inflammation. As the eye improved I discovered apparently imbedded in the lens the small triangular piece of rock that had caused the mischief, and proceeded to operate for its removal. The lens was clear to a remarkable extent, the opacity being triangular in shape, with base downward. Made corneal flap and iridectomy downward, lacerated capsule and to my surprise found the foreign body to be the lacerated portions of iris and lymph resulting from the injury, the foreign body having penetrated but did not remain in the eye. I used lens scoop and removed lens, and in a few weeks eye cleared up giving V. $\frac{20}{70}$. I was never so sanguine of anything as of the presence of this foreign body I did not find. Pupil, owing to adhesions, was nearly round, and it would be difficult to detect that an iridectomy had been made.

For Daniel's Texas Medical Journal.

ACUTE HYPERTROPHY OF THE MAMMARY GLANDS.

BY T. J. CROFFORD, M. D., MEMPHIS, TENN.

THE FOLLOWING case is interesting on account of its rarity, on account of the rapidity of growth, and on account of the unusually large size to which the mammary organs have attained. So far as my investigations go with the literature at my command, it is the largest and most rapidly developed case of hypertrophy of the breasts on record.

Mollie H., aged fifteen years, was brought to me on the last of August, 1890. When she was but a few months past the age of fourteen this girl experienced her first menstruation.

At the time this came on she was suffering with la grippe and mumps. The menstruation at this time and subsequently

ran the usual course. Prior to puberty, the breasts of this girl presented nothing unusual, but in a short while the mother noticed that they were unduly large, and ere long the enlargement amounted to a deformity. A physician was consulted; none of his remedies were of avail in checking the wild riotous growth which these organs had taken on.

When placed under my charge, although the measurements in inches as taken by Dr. A. B. Holder, of this city, were,

	Right.	Left.
Circumference at base	23	24½
Circumference midway between base and nipple	28½	31

Circumference from front of base over nipple and back to starting point	32½	35½
From sternal to axillary side of base over nipple	27	29
From base above to base below over nipple	22½	24

yet I shrank at sacrificing the breast of a girl just budding into womanhood, and when I thought that she would be chagrined at not being like other girls, and above all be deprived of the highest boon of maternity should she ever become a mother, the revolt was complete, and they were told that although the authorities said there was nothing to be done in such cases except amputation, yet we would not amputate these organs without a thorough trial of compression. So with the assistance of the nurses and Dr. Holder, bandages were applied for two weeks, at the expiration of which time the breasts were quite as large as when we began. The operation was now determined upon. Lateral flaps were made, not wishing to risk anything on the cosmetic operations that have been devised. The bases were large, the organs were quite vascular, so it was impossible to avoid hemorrhage when the slightest cut was made into the organs. There was almost no cellular tissue and fat between the skin and the gland. No doubt these had been absorbed on account of the large and rapidly growing gland. Realizing that there would be quite a quantity of blood lost should the use of the knife be continued, the instrument was laid aside and the closely adherent skin was peeled off from the gland by the use of the handle of the knife and the fingers. In a similar manner the gland was removed from its attachment to the pectoral muscles. The sheath of the muscles was brought away with the gland.

There was one fact right here connected with the operation which surprised and impressed me; this was the absence of bleeding vessels at the base. Remembering the fact that the mammary glands have rather good-sized arteries from the internal mammary, from the intercostals and from the throacic branches of the axillary in their normal condition, then taking into consideration the greatly increased blood supply incident to this large and rapid growth, we were prepared to ligate some formidable vessels at the base, but to our surprise there was no bleeding beyond a moder-

ate oozing and we were forced to the conclusion that these glands drew by far the greater part of their nutrition from the vessels entering through the skin.

In looking at the photograph the superficial veins can be plainly seen. Taking this fact into consideration, might it not be worthy of a trial early in the progress of a similar case to dissect up the skin and then replace it in its former position, hoping to change the abnormal nutrition and cause a shrinkage of the organ by breaking up its blood supply, without which it could not so lustily thrive?

She experienced a somewhat tardy healing, partly, I think, on account of the irritating and septic fluid which was considerable from the gland, and partly due to the want of sufficient circulation in the skin flaps after having been torn from the adherent organ.

Notwithstanding we left an excess of two inches of flaps there was a contraction in healing until it barely covered the wound. The right gland was amputated Sept. 16th, weighed 13 pounds. The left was removed Oct. 2nd, and weighed 11½ pounds. Two weeks later she returned home in good health and has since remained so.

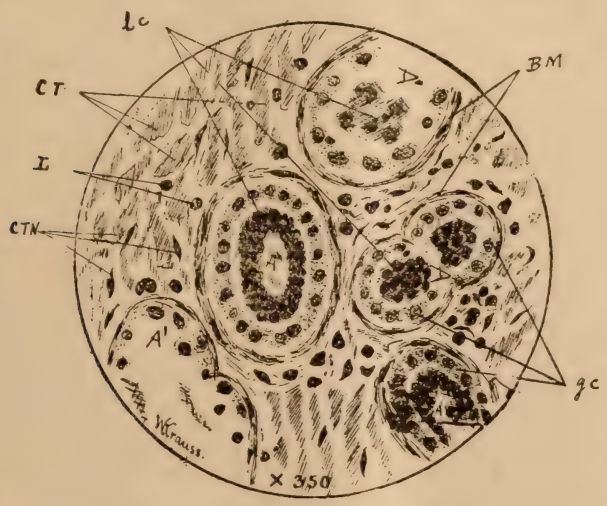
Dr. Wm. Krauss, of this city, has kindly prepared a report of microscopical appearance of these organs, which is the most interesting part of the case and reads as follows:

"*Dr. T. J. Crofford, City:*

"The tumor sent me for examination is one of those rapidly growing circumscribed benign neoplasms which have been variously styled diffuse adenoma, acute fibro adenoma, acute diffuse hypertrophy, etc.

"Microscopically it appears like a fatty tumor, doughy to the touch but rather more nodular, with firm centres. On section it looks white, with very few vascular spots, soft in portions. The exuding juice consists of fatty and granular cells. Some portions are firm like collections of fibromata. Near the base of the tumor and a little to one side a pink mass the size of a walnut was found, differing from all the balance of the growth both in gross and microscopic appearance.

"Under a low power the tumor is seen to consist mostly of fibrous stroma without a fatty tissue, the gland tissue being in places normal, but everywhere pervaded by the growing fibrous matrix, showing every gradation from simple increase of stroma to complete destruction of gland, loose epithelial cells being imprisoned like in a very firm scirrhus. For the most part it looks like fibro-adenoma, the cells lying in open spaces, often arranged in concentric layers surrounded by a wall of firm fibrous tissue.



Microscopical section of tumor 350 diameters. *A* acini nearly normal but dilated; *B M* basal membrane; *g c* gland cells, margins of which are undefined protoplasm and nuclei granular; *l c* cells lying in lumen, result of proliferating activity of *g c; A* acini disarranged by pressure of connective tissue; *C T* connective tissue split cloudy—degenerated strictly diagramatic; *C T N* connective tissue nuclei.

"Under a high power the connective tissue can be seen to split roughly, the bundles interlacing, by-a-line or cloudy, with very few nuclei. The acini are in some places nearly normal, though apparently dilated and filled with deeply staining cells arranged in one or more layers. Numerous lymph channels pervade the mass, and here the process of formative tissue generation can be seen in all stages: Escaping corpuscles, undergoing mytosis, young connective tissue cells in the act of growing and elongating, etc.

"Osmic acid preparations show a few minute fat globules scattered through all the tissues.

"The macroscopically pink portion differs from the main mass principally in not having any normal gland tissue in it; the acimi are only masses of highly staining cells without any effort at agreement. The stroma is characterized by having a large number of nuclei, the connective tissue being embryonic in appearance, a few nuclei give the impression of being those of unstriated muscle, particularly around the epithelial collections which take the place of acini.

"In the place of duct lumina there are open spaces in the sprindleelled stroma filled with the same dark staining cells found in the more normal acini and ducts.

"We thus have a rapid growth simulating cancer, adenoma, fibroma and hypertrophy, but yet not correspouding entirely to any of these.

"The points of difference between this and the one described by Billroth in one of his two cases, are the entire absence of glandular activity beyond the proliferation resulting from direct pressure, and the relatively smaller amount of normal gland tissue. We have in the pink portion described above very probably one of the "sarcomatous nodules" spoken of by Billroth in his case. Billroth's description coincides with this more than the diagram given, for in no portion of this growth are the acini so abundant, and I doubt if physiological activity were possible to any extent in this case, certainly not an increased one, without which there can be no true hypertrophy. Acute diffuse hypertrophy is no doubt a good name clinically, but histologically we have every evidence of primary hyperinosis without any signs of irritation—round cell infiltration, the gland cell proliferation being secondary.

"The extreme coarseness and interlacement of the fibrous tissue stamps it as a neoplasm.

"The most remarkable point in the histology of these tumors is that they are in every respect diffuse as far as the mamma is concerned, but do not invade the surrounding tissues.

"Very respectfully,

"WM. KRAUSS."

For Daniel's Texas Medical Journal.

URETHRAL CARUNCLE AND THEIR TREATMENT.

BY J. W. HAMILTON, M. D., LAMPASAS, TEXAS.

[Read at the Austin District Medical Society.]

OF ALL the minor troubles that fall to the care of the practicioner, probably there is not one that worries the patient and taxes the ingenuity of the physician more than caruncle of the female urethra.

Near the edge of the meatus, and sometimes along the urethral canal, little vascular, or hemorroidal tumors develop themselves, their color varying from scarlet to dark bluish red. They may consist of a single tumor, or there may be a cluster of small ones, and sometimes a conglomeration of mucous membrane cysts and vascular tumors with new formations, together extending along the urethral canal. According to Castle, Perry, Reid, Wedl, and others, they consist of hypertrophied papilla, which as they enlarge are accompanied by excessive growth of areola tissue. They are extremely vascular, and are richly supplied with nervous filaments. It is thought that chronic urethritis, with proliferation of underlying connective tissue, is the most important etiological factor.

From all the accessible literature on the subject, I find that the treatment heretofore has been far from satisfactory, and consists in either caustic application or removal by some of the various devices at our command. Dr. Thomas says, "The treatment of this condition is most unsatisfactory. I have met with a number of cases of marked character, and in not one was complete relief given by treatment," and closes his remarks by saying, "my observation of the results of caustics and the knife is not such as to inspire me with confidence in them."

So strong an advocate of nitric acid declares that caustics will not cure, but later advises the thermo cautery.

Dr. Bell recommends removal by knife or scissors. The late Dr. Beatty treated them by passing a ligature of fine wire around them with Wilde's snare for aural polypi, and twisting them off.

All authors that I have consulted speak of the tendency to recur when treated by any of the above mentioned methods.

Here I wish to report two cases treated successfully by myself. During the fall of 1888, I was consulted by Mrs. A., who informed me that she had been a constant sufferer for several years, with bladder trouble, which was growing worse. She urinated about every hour, and suffered such agonizing pains that the nervous system had become impaired to an alarming extent. She had no appetite, was unable to sleep, was somewhat anæmic, and extremely hysterical. She stated that she had been treated for "womb disease" a number of times, and had taken large quantities of nauseous medicines for "irritable bladder." Upon examination, I found, just peeping from the meatus, a scarlet red body, which proved to be a vascular tumor of the urethra with a broad, flat base, about the size of an acorn. I treated it with caustics a few times, and succeeded in making matters worse, if possible. I then proposed to remove with scissors. But my patient, like the woman in New Testament times, had "suffered many things of many physicians," and growing no better, would not consent to the operation. Then the idea occurred to me that if hemorrhoidal tumors of the rectum could be cured by injecting carbolic acid, why not address the same treatment to urethral hemorrhoids? Immediately acting upon the idea, I brushed the parts with an eight per cent. solution of cocaine, and injected the tumor with glycerole of carbolic acid. The result was splendid. My patient improved from that hour, and was well in two weeks. Anæmia and hysterical symptoms yielded to tonic treatment.

CASE 2. In July, 1890, I was called to see Mrs. B., with history somewhat similar to the preceding case, and general condition much worse. The patient was very anæmic and hysterical. She had a cough, and suspicion of consumption existed.

She said she had suffered from painful micturation at times for nine years, but for the last six months her suffering had been so great as to embitter her whole life, and if she could not obtain relief she did not wish to live. Upon examination, I found a cluster of little vascular tumors extending along the urethral canal; they were exquisitely tender, and bled from the slightest

touch. Dr. Lincecum was in the case with me, and owing to difficulty in reaching the tumors with scissors, and the hemorrhage likely to follow excision, I advised injection, which Dr. L. agreed to. Accordingly we brushed the parts with a strong solution of cocaine, and injected the tumors in reach with Shuford's mixture. The patient experienced great relief from this treatment. Three weeks later I returned, and dilated the urethral canal thoroughly with Allen's surgical pump and rubber bag. I then injected the tumors lying further along the canal. This operation was not followed by any pain. A slight incontinence of urine followed as the result of the dilation, but passed off in a few days. The urethral trouble was completely cured. In carbolic acid injections we recognize an old principle, and new only in the point of application.

Fortunately, urethral caruncle are not very common; but feeling that any practitioner will hail with delight any simple and efficient means of producing a radical cure of such a troublesome condition as I have described, I have been led to report these cases and results, and I hope that should any of the gentlemen present meet with an opportunity, they will give the treatment a trial and let us hear from them.

For Daniel's Texas Medical Journal.

APOCYNUM CANNABINUM.

BY W. T. RICHMOND, M. D.

[Read at the Austin District Medical Society.]

MY EXCUSE for calling your attention to apocynum cannabinum, is that the text-books have so little to say of an agent that I have found valuable. While some of them attribute medical properties to it, none that I have seen give it due credit in the treatment of dropsies.

For its origin, description and history, I must refer you to the dispensatories. I intend to speak of its use in the treatment of dropsies only.

The preparation I have used is the fluid extract. Thirty or

forty drops will act promptly, as an emetic. I usually begin with seven or eight drops, and increase the dose, or repeat at short intervals, until the desired effect is obtained. This quantity will act on the bowels, producing copious watery discharges, and increase the flow of urine. Its action on the kidneys must be by increase of blood pressure as the action of the heart is slowed.

I believe it increases the flow of bile, as some cases of jaundice treated with it have yielded promptly, the stools becoming dark with the use of the medicine.

A case of acute nephritis with ascites, in a child ten years of age, was given three drops fluid extract apocynum every four hours until its bowels moved freely. Copious fluid discharges followed the third dose. On the following day, the urine contained less albumen, and the dropsy was less. The medicine was then given, in the same dose, three times a day, and in a week both the dropsy and albumen had entirely disappeared, and the child was much improved in every respect.

A case of chronic Bright's disease, without dropsy, was given seven drops of fluid extract apocynum three times a day, with instructions to increase the dose two drops every day until copious discharges from the bowels were produced.

When this patient began the use of the apocynum, her urine was loaded with albumen, her appearance cadaveric, nervous system impaired, and vision so defective that she could not recognize an acquaintance across the room. With the use of the apocynum, her general health improved rapidly, and in a few weeks the albumen had almost entirely disappeared from the urine. She became pregnant about this time, and the albumen reappeared in large quantities.

A patient having heart disease, with a loud systolic murmur, was treated with apocynum. About three months before commencing this treatment, it was necessary to tap her, to relieve the dispnœa caused by ascites and general anasarca. About four gallons of water was withdrawn. This relieved the dispnœa. The fluid reaccumulated rapidly, and second paracentesis had to be resorted to in less than three months, although compound jalap powder and other cathartics had been used. After the sec-

ond tapping the fluid returned rapidly, and the patient became jaundiced. I then commenced giving fluid extract apocynum in ten drop doses, three times daily, with instructions to increase the dose until copious actions from the bowels were obtained. In a short time the jaundice disappeared, and in a month the dropsy was gone.

This patient is unable to take the apocynum constantly, on account of the nausea produced by it, and the dropsy returns when the medicine is discontinued.

From observation, I find that apocynum in small doses acts as a cathartic, without producing nausea or other disagreeable symptoms, but acts rather as a tonic and appetizer. It also acts as a diuretic. In large doses, or doses repeated at short intervals, it acts as a hydrogogue cathartic and diuretic. In large doses it is emetic. Its greatest value is in the treatment of dropsies from any cause, (especially from albuminuria).

Toleration is established by continued use, therefore it is necessary to increase the quantity given in order to maintain its action.

Correspondence.

AN INTERNATIONAL MEDICAL CONGRESS.

The managers of the National Prohibition Park, of Staten Island, invite representative medical men from all localities in the United States and the Dominion of Canada to meet in conference on the 15th and 16th of July next, in the great Auditorium Building of the Park. The chief object of the meeting is to be the comparison of views on the relationship of physiology and alcohol. Among the questions to be discussed will be the following:

What are the Hereditary Effects of Drunkenness?

Are there any Hereditary Effects that Follow Moderate Drinking?

To What Diseases are Inebriates More Especially Exposed?

Is Alcohol a Poison?

Is Alcohol in Any Sense a Food?

What are the Proper Uses of Alcohol as a Medicine?

Is there any Danger of Producing the Drink Habit from the Prescribing of Alcoholic Medicines?

How Large a Percentage of Deaths May be Atributed, Directly or Indirectly, to the Use of Strong Drink?

Should Alcoholic Liquors Ever be Used Except under the Direction of a Medical Adviser?

Dr. Nathan S. Davis, of Chicago, will preside at the Congress, and will make the opening address. It will be remembered that Dr. Davis presided at the recent International Medical Congress, held in Washington. It is particularly requested that from each town throughout the country, and also from each ward of every city a delegation of three physicians be appointed to attend. Clergymen, W. C. T. U., and other temperance organizations are urged to consult with the physicians in their vicinity and see that their neighborhoods are represented at the Congress.

At this Conference all views will be given an impartial hearing. No restraint will be placed upon the discussion save that of the time limit. Many well-known medical men have already signified their willingness to participate in such a Conference. No harm, but much good, may come from this conference of views by leading physicians. The general subject is a most urgent one. An eminent New York physician, the late Dr. Willard Parker, in his preface to the Lectures of Dr. Richardson, of London, said:

"Alcohol has no place in the healthy system, but is an 'irritant poison', producing a diseased condition of body and mind. Statistics show that ten per cent. of the annual number of deaths in this country are due to alcohol; that fully thirty-five per cent. of our insane are so either directly or indirectly from its use; and that from seventy-five to ninety per cent. of the inmates of our penal and pauper institutions owe their condition to its influence. Besides this, we find that forty-five per cent. of the inmates of our asylums for idiots are the offspring of parents addicted to drink.

"Destroying, as it does, the will, the judgment and the moral sense, may we not with propriety consider it a cause of that low

state of public and private integrity which permits, even in our very midst, the formation of those shameful combinations to defraud and steal, commonly known as 'rings?' . . . . If the habitual use of distilled liquors increases as rapidly within the opening century as it has during the one just ending, how sad the outlook! I can discern nothing in the future but a wreck of national honor, and the sinking to a lower standard of civilization and morality, unless public sentiment in this regard be changed."

Some time since, Mr. Gladstone, in a speech in the House of Common, declared that the drink evil in England has wrought more mischief than had the three great historic sources, war, famine and pestilence combined. Certainly, a question which so involves the health and general well being of society as does this question of the use of alcoholic liquor should interest no class of our citizens more deeply than physicians.

The Congress will assemble at 10 a. m., July 15th and 16th, and continue its session for two days. It is expected that arrangements will be made for reduced railroad fares.

CHARLES F. DEEMS,
President of the Park Association.

R. S. CHEVES, Secretary, West New Brighton, N. Y.

Society Notes.

The Inter-Continental American Medical Congress.

OFFICE OF THE PERMANENT SECRETARY
OF THE AMERICAN MEDICAL ASSOCIATION,
Philadelphia, June 4th, 1891.

To the Medical Profession of The Western Hemisphere:

At a meeting of the American Medical Association, held at Washington, May 5th, 1791, Dr. Charles A. L. Reed, of Cincinnati, introduced the following:

Resolved, That the American Medical Association hereby extends a cordial invitation to the medical profession of the West-

ern Hemisphere, to assemble in the United States in an Inter-Continental American Medical Congress.

Resolved, That the Committee on Nominations be and is hereby instructed to nominate one member for each State and Territory, and one each from the army, navy, and marine hospital service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Inter-Continental American Medical Congress, and to determine the time and place at which the same shall be held.

The resolutions were seconded by Dr. Wm. H. Pancoast and others, and unanimously adopted.

Pursuant to the foregoing, a committee composed of the following physicians was nominated and elected :

Alabama, W. H. Sanders; Arizona, Henry A. Hughes; Arkansas, Ed Bentley; California, W. R. Cluness; Colorado, Wm. A. Campbell; Connecticut, C. A. Lindsley; Delaware, C. H. Richards; District of Columbia, D. W. Prentiss; Florida. C. R. Oglesby; Georgia, J. McFadden Gasten; Idaho, Geo. P. Haley; Illinois, N. S. Davis; Indiana, A. M. Owen; Iowa, B. H. Criley; Kansas, J. E. Minney; Kentucky, J. N. McCormack; Louisiana, Stanford E. Chaille; Maine, Hampton E. Hill; Maryland, Geo. H. Rohe; Massachusetts, Augustus P. Clarke; Michigan, C. Henri Leonard; Minnesota, P. H. Millard; Mississippi, W. T. Kendall; Missouri, I. N. Love; Montana, Thos. J. Murray; Nebraska, R. C. Moord; Nevada, P. J. Aiken; New Hampshire, Irving A. Watson; New Jersey, E. J. Marsh; New Mexico, C. E. Winslow; New York, John Cronyn; North Carolina, H. Longstreet Taylor; North Dakota, E. M. Darrow; Ohio, Charles A. Reed; Oregon, Wm. Boys; Pennsylvania, Wm. Pepper; Rhode Island, Geo. L. Collins; South Carolina, R. A. Kinloch; South Dakota, J. W. Freeman; Tennessee, J. R. Buist; Texas, J. W. Carhart; Utah, F. S. Bascom; Vermont, H. H. Holton, Virginia, J. S. Wellford; Washington, J. M. Morgan; West Virginia, J. H. Brownfield; Wisconsin, J. T. Reeve; Wyoming, J. H. Finfrock; United States Navy, A. L. Gihon; United States Marine Hospital Service, J. B. Hamilton.

WM. T. BRIGGS, President.

WILLIAM B. ATKINTON, Permanent Secretary.

THE INTER-CONTINENTAL AMERICAN CONGRESS.
OFFICE OF THE CHAIRMAN
OF THE COMMITTEE ON PERMANENT ORGANIZATION.

Cincinnati, June 6, 1891.

The committee appointed by the American Medical Association to effect a permanent organization of the Inter-Continental American Medical Congress, met at "The Arlington," Washington, May 7, 1891. The following officers were elected :

Charles A. L. Reed, M. D., Cincinnati, O., Chairman; J. W. Carhart, M. D., Lampasas, Texas, Secretary; I. N. Love, M. D., St. Louis, Mo., Treasurer.

On motion, the officers were appointed a special committee to draft a constitution and report the same at an adjourned meeting of the general committee, to be held at St. Louis, Mo., Wednesday, October 14, 1891, when the time and place of meeting of the congress will be decided and permanent officers be elected.

CHARLES A. L. REED, M. D., Chairman.

J. W. CARHART, M. D., Secretary.

Central Texas Medical Association.

WACO, Texas, May 9th, 1892.

DEAR DOCTOR—You are cordially invited to attend the twentieth quarterly session of the Central Texas Medical Association, in Waco, Tuesday, July 14th, 1891.

PROGRAMME.

1. "La Grippe and Its Sequelæ," by Dr. G. B. Foscue, of Waco; discussion to be opened by Drs. W. A. Howard, of Waco, and H. M. Steward, of Patrick.

2. "Rheumatism," by Dr. R. C. Nettles, of Marlin; discussion to be opened by Drs. R. W. Park, of Waco, and J. C. Shaw, of Stranger.

3. "Treatment of Compound fractures of the Cranium," by Dr. J. C. J. King, of Waco; discussion to be opened by Drs. W. M. Drake, of Hillsboro, and W. R. Blailock, of McGregor.

4. "The Treatment of Tubercle of the Bones," by Dr. W.

E. Brown, of Gatesville; discussion to be opened by Drs. J. W. Miller, of Itasca, and J. M. Woodson, of Temple.

5. "What is a Tonic?" by Dr. J. H. Sears, of Waco; discussion to be opened by Drs. M. L. Graves, of Georgetown, and W. M. Shankee, of Chilton.

W. D. WILKES, M. O., Secretary.

What Should be Done in Gunshot Wounds of the Abdomen.—Lamphear, of Kansas City, in the *Medical Review* of June 6, 1891, makes answer to this question in one word—operate! After a most careful study of the statistics, he finds that under the old method of treatment (the "expectant plan") the mortality rate was 88 per cent.; but under the "American method" of treatment (laparotomy and irrigation) the death rate has been reduced to nearly 60 per cent. Death, he claims, may be due to (1) hemorrhage, (2) perforation of the intestine or other viscera, (3) peritonitis, (4) septicæmia—in any one of which death may be prevented by operation. In gunshot wounds of the abdomen, Senn's hydrogen gas test should not be used, as the indications are always to operate, because perforation of intestine is not at all necessary to cause death—in fact, the majority of cases will die of hemorrhage or of septicæmia if no laparotomy be made. Rents in the bowels are to be sewed up, and buried by the Lambert suture, or an astomosis made if there be great destruction of tissue. As much as six feet of intestine may be removed without death. For making the Lambert suture, only the finest "milliners' silk" is to be used, with a fine cambric needle. Irrigation must be employed if there have been fœcal extravasation, if septic material have been introduced from any source, or if there be much peritonitis. If not, the blood is simply sponged out carefully (after all bleeding points have been secured), and the abdominal incision closed as in any laparotomy. While the best results are obtained within twelve hours after the reception of the injury, the passage of several days need not prevent a successful issue if operation be made. Peritonitis demands, rather than contraindicates, operation.

EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., EDITOR AND PUBLISHER.

THIS JOURNAL, by unanimous vote of the members, was made the Official Organ of the Austin District Medical Society.

COLLABORATORS:

Dr. R. M. Swearingen, Austin.
Prof. B. E. Hadra, M. D., Galveston.
Prof. Geo. Cupples, M. D., San Antonio.
Dr. T. C. Osborn, Cleburne, Texas.
Dr E. J. Doering, Chicago.
Dr. E. J. Beall, Fort Worth.
Dr Odo Betz, Germany.
Prof. W. B. Rogers, M. D., Memphis.
Dr. J. W. McLaughlin, Austin.
Dr. T. J. Tyner, Austin.
Prof. J. F. Y. Paine, M. D., Galveston.
Dr. R. H. L. Bibb, Mexico.
Dr. T. J. Bennett, Austin.
Dr. Bat Smith, Wharton.
Dr. E. Meierhof, New York.
L. H. Luce, M. D., West Tisbury, Mass.

THE STATE LUNATIC ASYLUM AT AUSTIN.

During the last administration there was so much complaint of the condition and management of the State Lunatic Asylum at Austin, and there was such a continual uproar and confusion out there, that it is a real pleasure to be able to chronicle so marked a change for the better as has obtained under the new administration. A recent visit and thorough inspection of the institution by a representative of the JOURNAL, impressed us very forcibly with the fact that Superintendent Reeves and his courteous aids, Assistant Physicians Worsham and Maxwell, are "the right men in the right place," and that the honor of Texas and the welfare of the large number of unfortunates are safe in the hands of these efficient officers.

It requires an executive and administrative ability of no mean order, to successfully and harmoniously conduct the manifold and diversified affairs of an institution of such magnitude; and yet we found everything, from the office to the kitchen and laundry, systematized, and moving along smoothly and without friction.

There are in all, male and female, white and colored, 635 patients in the asylum; (of the latter there are 156). Including offi-

cers and attendants, this makes up a community of nearly eight hundred souls—quite a village population; and the most conspicuous thing we observed, next to the scrupulous cleanliness of everything, was the absence of noise. People naturally associate howling and hideous cries, revolting sights and more or less confusion with lunatic asylums; and visions of straight jackets and dungeons rise up. But all that is changed. The officers say they seldom, very rarely indeed, have to resort to physical restraint, and find kind and gentle, but firm, management, and the benign influence of beautiful surroundings—flowers, fountains and forest trees, green lawns and innocent sports conducive to mental quiet, and quite sufficient to control the patients. It is even rare to have to administer sedatives.

The long halls and dormitories are clean, cool and well ventilated; in fact, scrupulous hygiene is observed everywhere. Many of the male patients prefer to do light work, and acres upon acres of vegetables, enough to supply the institution, are cultivated by them. This form of exercise and mental occupation is, of course, beneficial in its effect, and conducive to physical and mental health.

Great attention is paid to keeping the grounds in order, and to the cultivation of flowers. Pots of geraniums and other flowers were found in the windows and balconies of every hall and dormitory, and the inmates, especially the females, seemed fond of them, and were cheerful and contented.

The institution is filled at present beyond its capacity, though not uncomfortably crowded. There are sixty patients more than there is really provision for; and there is a large number of applications on file for admission, and as soon as one patient is discharged the management know just where a successor is to be found, and they write for the one whose application is next on file, preference being given to the indigent class. In this way the institution is kept full to overflowing, and it is seldom that a patient, *i. e.*, one of the better class, can obtain admittance. Of the 635 patients now in hand, only about 25 are of the latter class.

Does not this clearly demonstrate the necessity for a private institution in Texas, for the benefit of those who are able to pay?

or for increased accommodation by the State? especially when it is remembered that pending their application for admission here the latter class of insane have to be sent to other States for treatment, and the former are incarcerated in foul county jails? Shame, shame; it is an outrage that a civilized community shudders at; but with the already large provision made for them here, and the erection of a new asylum at San Antonio which is nearing completion, and the 700 capacity asylum at Terrell under the efficient management of Superintendent Preston, what else can be done?* The insane in Texas seem to be on the increase *pari passu* with the great influx of population; and it is impossible to provide for them fast enough. The State of Texas is not niggardly iu this matter, and her people feel a just pride in their great charities; it is an evil which must perforce be borne yet awhile. As much opposed as the average legislator is to "appropriations," the purse strings are freely loosened at the call of distress, and no doubt the next legislature will make even more ample provision for the insane of the State. Dr. Reeves has a $5000 appropriation for a new laundry building, and this will enable him to convert the present laundry into a ward, to which he will transfer the colored females. This will afford some relief.

In this connection, the JOURNAL cannot refrain from the expression of admiration for the very remarkable acumen displayed by Governor Hogg in the selection of his appointees—medical and others; it amounts almost to a spirit of divination. Such a knowledge of human nature as he has manifested in his selection of officers, is indeed rare, and is an emphatic vindication of the judgment displayed by the unprecedented popular majority which called him to the high and responsible office. Apparently he has not make a mistake in a single instance, from the construction of the powerful railroad commission to the humblest office; and no complaint has been made against any of his appointees, so far as we know. This certainly is genius. Few

*A convention of county judges of Texas was recently held, and a petition to the Legislature for relief in this respect, and a protest against this state of affairs in the name of humanity, were drawn up, and will be presented.

men similarly situated could have harmonized so many conflicting elements, disappointed so many office seekers, filled so many and such diversified stations with *precisely the right men*, and so escaped censure or mistake. And had he done nothing else to cement the admiration and devotion of his vast constituency, the intelligence, judgment and discrimination with which the Governor has chosen the heads of departments, would have fixed the seal of his greatness, goodness and wisdom. The friends of the large class of unfortunates especially, the insane, the deaf and dumb, the blind, will "rise up and call him blessed" so long as memory lasts, or the human heart warms toward a generous act or beats responsive to human suffering. The welfare of these people has, beyond doubt, been the paramount consideration with him in the selection of those to whose care they are entrusted.

The remarkable absence of acute sickness at the asylum, forcibly impressed us, the hospital being empty at a season when dysentery and other diseases are elsewhere prevalent. This alone testifies to good and efficient management.

"OUR NOBLE PROFESSION."

This is the constant boast of medical men, and we have heard it from men of questionable standing, even. Scarcely can an address or set speech be made, but the hackneyed phrase is dragged in. That it is a noble profession as originally instituted,—made noble by those who live up to its principles, no one doubts; that some physicians are noble and self-sacrificing and unselfish,—that their real aim is to do good, cannot be denied; but that every man who boasts of "our noble profession" is "noble," or even a gentleman, cannot be admitted. In times of great distress, in epidemics, and in great calamities, such as at Johnstown, in wrecks, etc., the true nobility in the profession comes out, and the press is ready to sound its praises. But in all these years it seems that the profession has not been able to impress the people, at least the law makers, with any sense of their greatness, goodness, wisdom or "nobility." Witness the many

failures to secure the pasyage of sanitary laws of admitted necessity; the open ridicule with which were received the efforts of the Texas State Medical Association, through their committee, some of whom are gray-headed men, veterans in the cause of humanity. What striking evidence has the modern medical profession given to the world of its nobility? Have they founded any great charities, instituted any great reforms, done any practical benevolence? We remember with shame the utter failure, through niggardly stinginess and want of support, of the Physicians' Mutual Benefit Association, not only of Texas, but of several attempted in different parts of the Union. An attempt was made to secure one dollar donations from members of "our noble profession" for the widows and orphans of honorable men who had devoted their lives to the relief of others, even to the neglect of provision for their own loved ones. Instances of great distress come to our knowledge in Texas. An active, able and "noble" physician was cut down in the midst of a career of usefulness—to others—and his wife, tenderly raised and educated, had to hire out to get bread for herself and children. (We had the satisfaction of sending her $100, donated by one hundred really "noble" physicians.)

In light of the above, it is a source of gratification to observe that, judging from the following, there is an awakening to a realization of our remissness in this matter of practicing what we preach; a pricking of the conscience, which, we hope, will not "die in the bornin."

An effort is to be made by the great American Medical Association, to establish a practical benevolence—to make provision for the families of deceased members of our "noble prefession." At the last meeting, held in Washington, Dr. W. F. Horner, U. S. A., Va., offered the following, which was adopted:

WHEREAS, The Code of Ethics of this Association declares, Art. II., "The benefits accruing to the public directly and indirectly from the active and unweried beneficence of the profession," but—since its original organization has never considered any provision for the widows and orphans of deceased fellows.

WHEREAS, The success in the formation of Medical Aid Associations in our large cities and in one or more of the States of our Union has proved a practical scheme to succor the families

of many a brother physician, stricken down in apparent success, who otherwise would be unprovided for; therefore, be it

Resolved, That a committee be appointed by the President of this Association to consider and report upon the expediency and practical advantages of a "Section of Benevolence" in connection with the work and aims of the Association, which seeks to ameliorate not only human suffering and to cure disease, but to enlarge the influence of the profession by showing regard for the needs of the widows and orphans of our deceased brethren.

And in this connection we "point with pride" also to the article elsewhere published in this issue (taken from the proceedings American Medical Association as published in the Journal of May 16) entitled, "Report of the Committee on the question of a Cabinet appointment of a Secretary of Public health." It is a "move in the right direction," and if its object can be consummated, it will be the first practical recognition of the medical profession as an element in the politics of America, or even as an integer of its population; its boasted "nobility" will then be put to the test, and an opportunity will be afforded it to establish its claims. That the opportunity will be improved, and the bureau made a practical machine for doing good, securing and enforcing wise and salutary laws, will depend on whether or not it becomes sucked into the maelstrom of politics, and is manipulated for revenue only; or to what extent it will be controlled by "bosses" and medical politicians. As Mr. Pecksniff would say: "An elligible opportunity now presents" to fix the seal to the claim that we are a "noble profession." The fate of the National Board of Health is yet green in the memory, and certain features of the M. H. S. rise up, unpleasant spectres, and warn us to beware of the politicians.

THE GREAT MEDICAL TEMPERANCE MOVEMENT.

So impressed is the JOURNAL with the importance of the movement, and so in sympathy with it, that a large portion of space in this number is devoted to the publication, in full, of the call for a Conference of Medical Men at Prohibition Park, Staten Island, N. Y., this summer. Two days—July 16 and 17, will be devoted to the temperance question.

The medical profession are at last awakening to a realizing sense of the magnitude of this great evil, and what is more to the point, to a recognition of the fact that *they have*, unwittingly, it is true, been a factor in its production, by the indiscreet, not to say, in some instances, reckless prescribing of alcohol—especially in chronic diseases.

It is now admitted as established that an induced habit may be transmitted from parent to child; and all know with what facility the habit of drink is induced when once begun. Hence, the physicians of the United States are called to meet in a general conference, to take stock, as it were, and determine to what extent *they* are responsible for the misery and woe entailed by drink, and what is more to the purpose,—their duty in the premises. Having seen and admitted their responsibility, in a measure, for the production of intemperance in this country, it is sought to be determined what shall be done about it; how to arrest the current; in what way to begin a reform moment. Prohibition, as a political measure, failed. The medical associations in convention have, as a general thing, turned a deaf ear to the appeals of the W. U. C. A. for co-operation in their efforts to suppress the liquor traffic and stop the evil of intemperance; the work of the Y. M. C. A. has met with ridicule, or at best a half-hearted second, and the outlook is indeed discouraging. But there are some good and brave men who are willing, for the sake of doing good, to brave popular opinion, and if necessary, incur the enmity of the whisky combine. Foremost amongst these is the great and good Davis; and it was he, who, recently, at Washington, we believe, gave the initial start, which has resulted in the call for this conference. God grant that it may be attended with success. Humanity cries out,—the wail of suffering women and children,—and the despair of hopeless drunkards,—call for *reform*.

If the medical profession have no influence in politics, and, as has been demonstrated in Texas, are powerless with legislatures in the demands for sanitary laws, whose necessity are clearly recognized,—if they cannot secure State aid in the arrest of intemperance, they can at least agree to make no more drunkards by sharpening the appetites of their patients for drink by prescrib-

ing it; they can, at least, put on record their unqualified condemnation of the sale of liquors; they can let the world know that *they* have long since abandoned the notion that alcohol is a "food, and conservative of tissue in fever,"—they can recommend that the evil effects of alcohol in the human system shall be taught in schools; they can ask, and easily secure the co-operation of all the women amongst whom they practice, in instilling into the youthful mind the great evils of alcohol.

In this connection Dr. W. A. Morris' paper, read at Waco, was most timely and appropriate. A copy of it will be sent to this conference, and the JOURNAL hopes to see it printed and circulated in every home in America.

Down with this modern moloch; down with this thrice terrible minataur,—to whose insatiable appetite ten thousand times "seven young maidens" and youths are yearly sacrificed. The monster of the Cretan labyrith was not a circumstance to this thrice devil—DRINK—which, unlike the miniataur, destroys body *and* soul.

THE "DECLINE AND FALL OFF"

[Not of the "Russian Empire," but of the Texas State Medical Association.]

A Texas journal not very kindly disposed towards the Texas State Medical Association, says: "The association is losing its best and most useful members, and its number is rapidly diminishing. What is to be done?"

The extent of this great decadence can best be appreciated in light of the record:

In 1884 the roll numbered.....280 members
In 1891 the roll numbers.....482 "
showing a *net* gain of 202 members; 72 per cent; or an annual average of twenty-five new members.

"Under the influence of spirited journalism" (New York *Medical Record* referring to the work of DANIEL'S TEXAS MEDICAL JOURNAL in promoting organization), four hundred and forty-nine members have been added to the roll since 1884, a gain of 160 per cent., or yearly average of 56 new members; as follows:

At Belton, in 1884, there were admitted			89
At Houston, in 1885	"	"	39
At Dallas, in 1886	"	"	87
At Austin, in 1887	"	"	52
At Galveston, in 1888	"	"	32
At San Antonio, in 1889	"	"	58
At Fort Worth, in 1890	"	"	48
At Waco, in 1891	"	"	44
Total			449

In the eight years over one hundred and eighty have been dropped from the roll for non-payment of dues three consecutive years (not "the best and most useful members," surely); over fifty have died; a number have removed from the State, *four* have resigned, and five have been expelled. By which of these avenues, then, has the association "lost its best and most useful members?" and "what *is* to be done," really?

EFFICIENT WORK.—The JOURNAL has authority for the statement that Texas is, to-day, almost entirely free from small-pox, there not being, all told, within its vast domain, one hundred cases.

When we reflect that six months ago there were over two thousand cases in the State, and it looked as if the pest had come to stay, converting Texas into a second Mexico,—when consternation was spread abroad, and people were afraid to come to Texas,—the present showing is most gratifying. It can mean but one thing,—efficient management. Much credit is due the State Health Officer for his prompt, energetic and intelligent action in the premises, and for his judicious choice of sanitary officers; and credit is due them also. The State Health Officer is the author of the quarantine bill now on the books, whereby the whole machinery for the carrying out of internal quarantine has been put in operation. This bill was published in the JOURNAL in March. It creates a health officer in each county and city, subordinate to the State Health Officer, and the above excellent showing is the first fruits of this judicious legislation.

Report of the Committee on the Question of a Cabinet Appointment of Secretary of Health.

The committee appointed to consider the question of petitioning the next Congress on the creation of a Medical Secretary of Public Health, beg leave to present their views, and a resolution, for your adoption.

The undersigned believe that the time has come when the medical profession is under solemn obligation to seek all the places and positions in the State that will promote a higher degree of public usefulness than we now enjoy. There is no other profession that excels ours in positive efficiency to sustain public order, comfort and virtue. We possess vast capacity for the direction of society and promotion of human happiness. There is nothing in the body or mind of man that is not in the purview of medical practice. We are laboring unceasingly to assuage the ills of individuals and communities.

At this time the profession is manifesting, in a higher spirit than ever before, the purpose of suppressing contagious and infectious diseases. This work was begun by Jenner a century ago, and the awful scourge of small-pox has been stamped out wherever vaccination is compulsory. We have now assumed the stupendous task of suppressing all the terrible diseases that desolate the world.

There are infectious and epidemic diseases that move about the world, almost periodically, which we need not particularize; they are often the products of the squallor and wretchedness of people, and are spread far and wide about the lines of commerce. These invisible foes invest the air, the waters, and the very food we eat. From the grosser foes of human health, cold, heat and tempest, men have power to defend themselves; but in regard to these invisible agents of suffering and death, for want of higher knowledge, they are largely helpless. In their despair they turn to medical science for help, unwilling to trust in the brute law of the survival of the fittest.

Governments, in a certain way, have always done something to aid medical men in their endeavors to stay the pestilence and save the afflicted; but never adequately. They have generally

refused to make the medical profession a permanent intregal part in the administration of the State; that is, in the making and the execution of sanitary laws.

What laws are necessary for the full employment of a beneficent profession? We reply: those that relate to the social state of the people for the prevention of disease. They comprehend an amplitude and purity of water supply, proper dwellings for the lower classes without overcrowding or deficiency of light and air, unadulterated food, complete drainage and disinfection of excrement, the preservation of rivers and smaller streams of water from pollution, the regulation of the hours of labor, the protection of childhood from the imposition of toil, and their proper education, cleanliness of streets and planting of shade trees for protection from intense solar heat, and the decomposing power, by their leaves, of deleterious gases and miasms; the establishment of public baths, the operations of quarantine to prevent invasion of pestilence and landing of immigrants with diseases dangerous to others, the isolation of persons attacked with infectious disease and the disinfection of localities, the construction and management of general and special hospitals, the care of the sick poor in their homes, the prevention of consanguineous marriages and of those who have destructive types of constitution, the warning of society of the evil consequences of abuses of the brain, the material basis of consciousness, whereby a free will is impaired and the sufferers become irresponsible and are often mentally ruined; and lastly, the regulation of those two giant evils of civilization, intemperance and prostitution.

We affirm that all the measures for public relief on these important subjects should be under the guidance of medical men.

It is not the mere knowledge of the human frame as a diseased thing, or a mechanism, that should give us highest consideration in the State, but rather our capacity to prevent sickness by securing the proper administration of the laws of health. At present we occupy positions but little better than mere advisers to authoritative bodies; our soundest suggestions are at the mercy of ignorance and predjudice of uniformed legislation. The medical profession holds itself ready not only to diminish the fearful destruction of life now going on, but ultimately to destroy

the contagia that cause it. It is now becoming generally known that infectious diseases and toxic elements are disseminated in food. An infectious disease in the family of a dairy-man may be as widely diffused as his distribution of milk. The pollution of streams of water and wells about towns, villages and farmers' homes, we know definitely, subject many families to tedious and destructive diseases, which our wise sanitation can overcome, if we possessed the power to so act. It will be well for the State when the medical profession is represented in the councils of the nation as weightily as can be assumed by official places and conferred dignities.

It seems to your committee that this is a propitious period for entering upon a forward movement that will place our profession in its true relation to public affairs; and that the first and most important step to obtain this end, is to appeal to Congress to create the office of a Medical Secretary of Public Health.

The latest addition to the Cabinet of the President is that of Secretary of Agriculture, and already a great impulse to higher intelligence has been inaugurated by the practical farmer who is at its head.

What part will a Secretary of Public Health play, when he takes his place in the Cabinet? Will he be a mere figure head, or will he be able to fulfill important duties to the State. The answer is, he will, by virtue of his position, justly form an integral part of the councils of the State; he will represent the medical consciousness of the Nation, and be one to whom we all can look for the exploitation of measures that will direct continuous scientific and collective investigation, in regard to endemic as well as epidemic diseases that afflict the people; he will be able to coöperate, coördinate, unify and utilize, in the discharge of his duty, all the work of State Boards of Health, now so well organized in various States of the Nation; and these in turn will find themselves strongly reinforced by the example and authority of a great central officer who will be equal in function and opportunity with the other member of the President's Cabinet.

It must be acknowledged that the Government, through the operations of the Surgeon-General of the Army, Navy, and Marine Department, and by the action of the Secretary of State

has authorized most liberal expenditures for the establishment of the National Medical Library and Museum, the issue of the incomparable Index Medicus, and for original researches at home and abroad on the origin and nature of the fearful epidemic brought to our shores by immigrant and other ships. Honorable mention is due to Surgeon George M. Sternberg, of the U. S. Army, for his investigations in regard to yellow fever, and to Dr. E. O. Shakespeare, of Philadelphia, for his study in India and Spain of Asiatic cholera under the patronage of Secretary Bayard; of the establishment of scientific posts by the Surgeon-General of the Marine-Hospital Service at Dry Tortugas for the special and continuous investigation of the causes of yellow fever, and the Bacteriological Laboratory attached to U. S. Marine-Hospitals at New York, and to the Surgeon-General of the Navy for the Navy Museum of Hygiene, in whose laboratories chemical analyses of water and food, as well as bacteriological research, are constantly going on.

The more recent enactment of the Inter-State Quarantine Act as, truly, says Dr. Walter Wyman, of the Marine-Hospital Service in Washington, marks an epoch in the history of national health legislation. The Conventions in the quarantine service, in the last few years have secured great progress towards a uniformity in quarantine laws in time of epidemic visitation. Also an extensive correspondence has been established by the Marine-Hospital Surgeon with our Consuls everywhere, so that our quarantine service is constantly advised of the prevalence of epidemics in countries with which we are closely connected in a commercial way.

A Secretary of Public Health, by the aid of associated departments, can be constantly informed of the prevalence of epidemic diseases in all the localities of our country, and could give public warning to all who might be exposed to them, and thus the people will be assured that a competent Minister of State surveys the whole field. He will also be able to render important assistance to Army, Naval and Marine Surgeons, by the fact that their respective Cabinet officials cannot be in professional touch with them, as would be a Secretary of Public Health.

We can all recall what this Association accomplished for the

elevation in rank and pay of the army and navy surgeons from the lower plane on which they stood. It was not through the active support of the President or his Cabinet; but it was only due to the appeal of this Association directly to Congress. This same effort is now being made through the British Medical Association to obtain higher rank to the medical arm of the army, and with fair hopes of success.

The question of higher medical education must also occupy a Secretary of Public Health. We all know the great progress on this line that has been made in the last twenty years. A more thorough preliminary education is now demanded by our best medical schools for matriculation; moreover, diplomas no longer give, in some States, a right to practice medicine. We need uniform laws on this subject, in all the States, and such legislation can be greatly promoted by a Cabinet officer. If it be possible to compass this, there should be a universal law that no man or woman, or special sect of physicians, regular or irregular, and no specialist, shall lawfully practice medicine or surgery until they have given satisfactory proof before a board of examiners that they have had an adequate training in medicine and surgery. In this way, it is reasonable to expect that at length a race of physicians will be developed who will secure universal respect, because they will be regarded as amongst the best educated persons in a community.

The only true way of suppressing quackery, among regular or irregular practitioners, is by higher education. Thus the medical profession has gradually unfolded itself in the procession of the ages, and will continue to grow stronger and brighter with the progress of civilization.

It is perfectly plain that a Medical Secretary of State will be as fully employed as any other officer of the State, and his duties will increase all the time. It is a well-known biological law, that organs grow to conditions of capacity as they are continuously exercised. The muscular system, and all the organs, thus increase up to a condition of status; so will the functions of the proposed officer grow broader and stronger in adaptability to the needs of the people and the greater efficiency of our profession, also to this Association, which, whatever it may have

achieved, is still upon the threshold of its beneficent mission to our country.

His annual reports will command universal attention, as they will contain everything of importance in medical progress.

Finally, the unification of all things relating to public hygiene in the State, through the aid of State Boards of Public Health, will give a solidity and usefulness in the practice of medicine never hitherto attained.

We ask for the adoption of the following resolution:

Resolved, That the President of this Association appoint a committee of five to memorialize Congress, at its next session, on the subject of creating a Cabinet officer to be known as the Medical Secretary of Public Health.

All of which is respectfully submitted.

C. G. Comegys, Ohio,
T. G. Richardson, Louisiana,
N. S. Davis, Illinois.

On motion of Dr. J. F. Hibberd, Indiana, the report was received, and the resolution was adopted.

Committee—Drs. C. G. Comegys, Ohio; J. C. Culbertson, Ohio; W. T. Briggs, Tennessee; J. F. Hibberd, Indiana, and Wm. B. Atkinson, Pennsylvania.—*Proceedings American Medical Association, in Journal of the Association.*

Medical News and Miscellany.

Died, at Green Springs, Ohio, May 8th, 1891, Dr. Wm. Ball, of Castroville, Texas.

Mrs. Dr. T. G. Richardson has given $100,000 to Tulane University, to build a new Medical Department.

Dr. R. C. Hodges, of Galveston, the oculist, has just returned from New York, where he took a special course in eye surgery at the Polyclinic.

Dr. J. C. Culbertson, the game cock editor of the Cincinnati *Lancet and Clinic*, has been made editor and business manager of the Journal of the American Medical Association.

Surgeon-General Swearingen.—It is not generally known, that, under the laws of Texas the State Health Officer is ex-officio Surgeon-General of the State, and chief of the Governor's medical staff. Such is the fact.

Dr. J. B. Hamilton has resigned the office of Supervising Surgeon General, and accepted a chair in the Medical College, Chicago. Well, well. We thought he had gotten the M. H. S. fixed to suit him, and was fixed for lifie.

Dr. I. N. Love, the genial editor of the *Medical Mirror*, after a three months illness, and absence for rest and recuperation, is back at his post; and having donned the editorial robes once more, we shall look to see some unusually brilliant reflections in that *Mirror*. Success to it and its gifted editor.

Dr. Matt. M. Smith, who was a pupil of Dr. W. A. Morris, of Austin, graduated at Jefferson Medical College last session, having been chosen President of the *Alumni* of 1890–1. This is a high compliment to be bestowed on a student, and is a credit to Texas. By the bye, it is getting quite common for Texas students to carry off the honors and prizes. Dr. Smith has located at Austin.

Two Excellent Journals for the Price of One.—DANIELS' TEXAS MEDICAL JOURNAL, $2, and the *Kansas City Medical Index*, $1. To all new subscribers to Vol. 7, and all old subscribers who pay up arrears and renew, paying for Vol. 7 in advance, we will send both journals for one year for $2! In other words, we will give the *Kansas City Medical Index as a premium* to cash subscribers remitting the subscription price of the JOURNAL a year in advance.

Exhibition of the First Case of Lupus Treated by Koch's Lymph.—H. Levy, of Berlin, at a meeting of the German Surgical Society (April 1 to 4, 1891), exhibited the first case of lupus treated by Koch's lymph. The treatment had continued six months. Patient not well yet. Some parts of the disease had cicatrized, others had not been affected at all. New deposits had appeared on the foot and fingers, where there had been no desease.—*Deutsche Med. Zeitung.*—*The Med. Bulletin.*

Removals.—Dr. W. B. Anderson has removed from Llano to Content, Runnels county.

Dr. T. P. Roberts has removed from Jasper to Colmesneil.

Dr. J. W. Miller has removed from Itaska to Hillsboro.

Dr. E. R. Walker has removed from Schulenburg to Halletsville.

Dr. J. W. Harris has removed from Dripping Springs to Brownwood.

"Straws."—The Antikamnia Chemical Co., of St. Louis, write: "We have had very appreciable business results from our advertisement in your JOURNAL." (Only four months in.—ED.) Sharp & Dohme renew their contract this month, for the *seventh consecutive year.*

Dr. R. W. Hayden, President of the New York Pharmacal Co., of Bedford Springs, Massachusetts, manufacturers of the famous "Hayden's Viburnum Compound,' renews for the fourth consecutive year, prepaying the entire year's contract.

Dr. R. W. Gardner, the New York Manufacturing Chemist, renews for the third consecutive year. The Missouri Medical College renews for the sixth consecutive year, and enlarges their ad. to half page.

If all this does not indicate a healthy tone, and show that advertising in DANIEL'S TEXAS MEDICAL JOURNAL pays the advertiser, what would do so? Send for rates.

Through an oversight upon my part, the name of Dr. S. S. McCrum, of Emory, Texas, was omitted in the list of graduates of the medical department of the University of Nashville and Vanderbilt University, as published in the announcement of these schools for the session of 1891–92. Such omission is calculated to do a most worthy gentleman and accomplished physician great injustice, hence this card.

W. L. NICHOL, M. D.,

Registrar, Med. Dept. Univ. of Nashville and Vandbt. Univ.

The College of Physicians and Surgeons of New York held its annual commencement on the 10th, inst. The graduating class numbered 173, of whom 53, or 30 per cent. we

rejected, 121 receiving the coveted diploma. This is an unusually large per cent. of failures. It indicates a very healthy tone, and shows that he who would win distinction in that college must work. The ten young men whose examination was the most thorough and satisfactory constituted the honor roll, and the JOURNAL is much gratified to see on the list, away up, near "head," the name of Seth Morris, of Austin. He is a son and student of Dr. W. A. Morris, of this city. We learn that Dr. Morris will locate in Austin.

Official Report on Koch's Remedy.—The German governmedt has obtained statistics from fifty-nine hospitals, where, during eight weeks, 2172 patients were treated with 17,500 injections of the lymph. Of 1061 patients, suffering from internal tuberculosis, 13 were cured, 171 much improved, 194 slightly improved, 587 no better, and 46 died. Out 708 sufferers from external tuberculosis 15 were cured, 148 much improved, 237 slightly improved, 298 no better, and 9 died. Owing to the reported failnres the "Tuberculin" is in little demand from the Berlin chemists, while at Madrid the committee appointed to examine the treatment, have checked any further experiments. The only success reported from Spain is stated to have been with lepers and persons suffering from lupus.—London letter in *Journal A. M. A., May 23.*

Referring to the above figures we have 1769 patients suffering from tuberculosis and 28 cures in two months. This gives a little more than one and a half per cent. cures. In Loomis' latest edition on Practice of Medicine, page 225, he says, "Recovery has occurred in one-sixth of my recorded cases during the past ten years." This remark refers to the treatment of chronic pulmonary tuberculosis by all the means at his command, viz.: by drugs, hygiene, climate, etc., and shows sixteen and two-thirds per cent. recoveries. Flint's Practice, 5th edition, 1881, p. 211, gives eleven per cent. recoveries from the best treatment,—drugs, hygienic, climatic, etc., and over five and sixteenth per cent. recoveries without any treatment at all. Thus it is seen that Koch's treatment is over four per cent. less successful than no treatment at all.

Dr. Raymond, Secretary of the Faculty, calls attention to the following changes in the Long Island College Hospital for 1891:

1. The regular course of lectures will hereafter be six months in duration.

2. Three courses of lectures will hereafter be required for graduation.

3. Joshua M. VanCott, jr., M. D., has been appointed Professor of Histology and Pathological Anatomy, vice Frank Ferguson, who has resigned.

4. The Medical class of the present year numbered 250; the graduating class 82.

He says 20,830 patients were under treatment in the hospital and dispensary during the year 1890.

For Summer Diarrhœa:

℞	Bis. Subnit.	ʒiss.
	Salol.	gr. xvj
	Menthol	gr. v.
	Aq. Dest. ad.	℥ij

M. Sig.: Teaspoonful three or four times a day for child one or two years old. An occasional dose of Dover's powders added to the above, where bowels are too loose.—*W. A. Morris, M. D., Austin, Texas.*

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It is heated by the hot water system; no stifling hot air nor headache from steam.

It is newly furnished throughout

Kind and skillful nurses in attendance day and night.

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DREAMLESS SLEEP.

About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called BROMIDIA, which is a combination of Chloral, Bromide Potass, Cannabis Indica and Hyoscyamus. I obtained some and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsilitis, used as a gargle with glycerine and carbolic acid. Extract from a recent article in *Edinburgh Med. Journal,* Vol. XXXI., No. X., by

J. LINDSAY PORTEUS,

M. D., F. R. C. S. *Ed.*

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